

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N45420**

1. Entity Name

**MANATEE COALITION FOR AFFORDABLE HOUSING, INC.**

Principal Place of Business

319 6TH AVE. W.  
#319  
BRADENTON FL 34205  
US

Mailing Address

319 6TH AVE. W.  
#319  
BRADENTON FL 34205  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0278132

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLER, CAROLYN G  
FIRST FEDERAL OF FLA  
4601 MANATEE AVENUE WEST  
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	SHIRLEY, JAMES	921 MANATEE AVE W	BRADENTON FL 34205	<input checked="" type="checkbox"/>
TD	KELLER, CAROLYN	4601 MANATEE AVE W	BRADENTON FL 34209	<input type="checkbox"/>
PD	DOZIER-HARVEY, APRIL	P O BOX 2138	SARASOTA FL 34230	<input type="checkbox"/>
SD	DEES, MARGARET	5817 MANATEE AVE	BRADENTON FL 34209	<input type="checkbox"/>
D	BAKER, RUTH	6001 26TH ST W	BRADENTON FL 34207	<input checked="" type="checkbox"/>
D	MUNIZ, HECTOR	4302 CORTEZ RD W	BRADENTON FL 34210	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	REHA, DARRELL	P.O. BOX 4002	SARASOTA, FL. 34205	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	DOZIER-HARVEY, APRIL	111 SECOND AVE. N.E.	ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	DEES, MARGARET	4770 STATE ROAD 64 E.	BRADENTON, FL 34208	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MARY BOLAN	P.O. BOX 318	BRADENTON, FL 34206	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DANA SANBORN	5305 26th ST. W.	BRADENTON, FL 34207	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90117 019 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)