


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90020 012 ****61.25

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 319 6th Ave. W.		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bradenton, Florida		City & State 		4. FEI Number 65-0278132	
Zip 34205		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Carolyn G. Keller, Treasurer</u>				DATE <u>1/26/04</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REHA, DARRELL PO BOX 4002 BRADENTON FL 34205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smalls, Vickie 806 6th Street West Palmetto, Florida 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLER, CAROLYN 4601 MANATEE AVE W BRADENTON FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Borgwardt, Michael 5714 14th St. W. Bradenton, Florida 34207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOZIER-HARVEY, APRIL 111 SECOND AVE NE SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Keller, Carolyn 4601 Manatee Ave. W. Bradenton, Florida 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMALLS, VICKIE 4740 STATE ROAD 64 EAST BRADENTON FL 34208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Saur, Gloria 4014 20th Street West Bradenton, Florida 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KINSEY, BARBARA 4770 STATE ROAD 64 EAST BRADENTON FL 34208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kinsey, Barbara 4770 State Road 64 East Bradenton, Florida 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANBORN, DANA 5305 26TH STREET W BRADENTON FL 34207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ciarniello, Carol 1301 6th Avenue West Bradenton, Florida 34205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 17, 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 information empowered.					
SIGNATURE: <u>Vickie Smalls</u>				Date <u>2/6/04</u> Daytime Phone # <u>941-729-5753</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					