
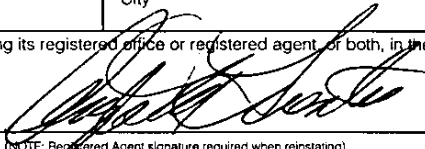


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90056 029 ****61.25

DOCUMENT # N45420 1. Entity Name MANATEE COALITION FOR AFFORDABLE HOUSING, INC.					
Principal Place of Business 319 6TH AVE W BRADENTON, FL 34205 US			Mailing Address 319 6TH AVE W BRADENTON, FL 34205 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03142007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0278132				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FUENTES, ANGELA 6205 COREZ RD, W BRADENTON, FL 34210			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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>Angela Fuentes, Treasurer</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<div style="text-align: center;">  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: right;"> <u>3/22/07</u> <small>DATE</small> </div>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	VD LEE, VALERIE 1005 THIRD AVE W PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ken Wagner 5905 Manatee Ave W Bradenton, FL 34209
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILLEN, JULIE 6205 CORTEZ RD, W BRADENTON, FL 34210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Archie Mathis 510 7th St W Palmetto, FL 34221
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, BARBARA 5312 CORTEZ RD, W BRADENTON, FL 34210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kathy Lenart 4740 St Rd 64E Bradenton, FL 34208
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUR, GLORIA 410 CORTEZ RD W BRADENTON, FL 34207	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Borgwardt 5714 14th St W Bradenton, FL 34207
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMAURO, ANTHONY 6968 PROFESSIONAL PKWY, E BRADENTON, FL 34240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6751 Professional PkwyW, suite 104 Sarasota 34240
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUENTES, ANGELA 6205 CORTEZ RD W BRADENTON, FL 34210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Anthony DiMauro, Jr</u> 3-14-07 941-256-8119 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					