


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90021 003 ****61.25

DOCUMENT # N46432

1. Entity Name
THE MANATEE MEMORIAL HOSPITAL FOUNDATION, INC.



Principal Place of Business Mailing Address
206 SECOND STREET EAST **206 SECOND STREET EAST**
BRADENTON, FL 34208 **BRADENTON, FL 34208**

DO NOT WRITE IN THIS SPACE

40035074



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

8. Name and Address of Current Registered Agent
DESEAR, VERNON
5304 26TH AVE. CT. WEST
BRADENTON, FL 34209

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT WEBSTER, JOANNE J 5912 7TH AVENUE DRIVE WEST BRADENTON, FL 34209 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS LACHAPELLE, BARBARA 6108 OAKES BLVD. BRADENTON, FL 34209 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DC RYNERSON, JOHN 80 TIDY ISLAND BLVD BRADENTON, FL 34210 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DESEAR, VERNON 5304 26TH AVE. CT. WEST BRADENTON, FL 34209 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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: Vernon De Seear 1/17/06 (941) 7457306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
VERNON DESEAR



ATTACHMENT

40035074

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2006

THE MANATEE MEMORIAL HOSPITAL FOUNDATION, INC.
206 SECOND STREET EAST
BRADENTON, FL 34208

Subject: **THE MANATEE MEMORIAL HOSPITAL FOUNDATION, INC.**

Reference Number: **N46432**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION