

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90095 037 \*\*\*\*61.25

**DOCUMENT # N46432**

1. Entity Name

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



Principal Place of Business

206 SECOND STREET EAST  
BRADENTON FL 34208

Mailing Address

206 SECOND STREET EAST  
BRADENTON FL 34208

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

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

**DESEAR, VERNON  
5304 26TH AVE. CT. 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

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  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, JOANNE J	
STREET ADDRESS	5912 7TH AVENUE DRIVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LACHAPPELLE, BARBARA	
STREET ADDRESS	6108 OAKES BLVD.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	RYNERSON, JOHN	
STREET ADDRESS	80 TIDY ISLAND BLVD	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESEAR, VERNON	
STREET ADDRESS	5304 26TH AVE. CT. WEST	
CITY-ST-ZIP	BRADENTON FL 34209-8	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Keller	
STREET ADDRESS	1206 Estremadura Dr. W.	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Goodson	
STREET ADDRESS	620 17th St. W.	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connie Lesser	
STREET ADDRESS	125 Hummingbird Ave.	
CITY-ST-ZIP	Ellenton, FL 34222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 DeSear* Vernon DeSear

3/1/07 (941) 745-7306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #