

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46432

FILED  
Oct 20, 2009  
Secretary of State

**Entity Name:** THE MANATEE MEMORIAL HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

206 SECOND STREET EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

206 SECOND STREET EAST  
BRADENTON, FL 34208

**New Mailing Address:**

**FEI Number:** 65-0392921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DESEAR, VERNON  
5304 26TH AVE. CT. WEST  
BRADENTON, FL 34209 US

**Name and Address of New Registered Agent:**

DESEAR, VERNON  
1209 3RD ST. DR. E.  
PALMETTO, FL 34221 US

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: VERNON DESEAR

10/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: KELLER, CAROLYN  
Address: 1206 ESTREMADURA DR. W  
City-St-Zip: BRADENTON, FL 34209

Title: DV ( ) Delete  
Name: GOODSON, MARK  
Address: 620 17TH ST. W.  
City-St-Zip: PALMETTO, FL 34221

Title: DT ( ) Delete  
Name: STOLLE, NANCY  
Address: 8710 26TH AVE. E.  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: DESEAR, VERNON  
Address: 5304 26TH AVE. CT. WEST  
City-St-Zip: BRADENTON, FL 342098

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: MURRAY, MARY JO  
Address: 2908 122ND PL. E.  
City-St-Zip: PARRISH, FL 34219

Title: D (X) Change ( ) Addition  
Name: DESEAR, VERNON  
Address: 1209 3RD ST. DR. E.  
City-St-Zip: PALMETTO, FL 34221

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERNON DESAR

D

10/20/2009

Electronic Signature of Signing Officer or Director

Date