FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48021** **(2)**

1. Corporation Name

AIDS COUNCIL OF MANATEE, INC.

Principal Place of Business	Mailing Address
~~1301 6 AVE W~~ ~~SUITE 505~~ ~~BRADENTON FL 34205~~ 34206	~~1301 6 AVE W~~ P.O. Box 1014 ~~SUITE 505~~ ~~BRADENTON FL 34205~~ 34206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1992	3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0341487	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21: 3701 Cortez Rd. West	26: P.O. Box 1014
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State	28: City & State
24: Zip 34206 — 25: Country	29: Zip 34206 — 30: Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENE, ROBERT F. 1301 6 AVE W SUITE 505 BRADENTON FL 34205	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
11 TITLE	TT	11 TITLE	☒ Change ☐ Addition
12 NAME	BRYAN, MARK	12 NAME	Gary Hickerson
13 STREET ADDRESS	206 2 ST E	13 STREET ADDRESS	
14 CITY ST ZIP	BRADENTON FL	14 CITY ST ZIP	
21 TITLE	T	21 TITLE	C ☒ Change ☐ Addition
22 NAME	GLASS, PAT	22 NAME	
23 STREET ADDRESS	P.O. BOX 1000 N/A	23 STREET ADDRESS	
24 CITY ST ZIP	BRADENTON FL	24 CITY ST ZIP	
31 TITLE	TP	31 TITLE	☒ Change ☐ Addition
32 NAME	WHITMORE, CAROL	32 NAME	
33 STREET ADDRESS	5608 HOLMES BLVD.	33 STREET ADDRESS	535 77TH ST.
34 CITY ST ZIP	HOLMES BEACH FL	34 CITY ST ZIP	
41 TITLE	TV	41 TITLE	☐ Change ☐ Addition
42 NAME	STRITZEL, MARY	42 NAME	
43 STREET ADDRESS	206 2ND ST. E.	43 STREET ADDRESS	
44 CITY ST ZIP	BRADENTON FL	44 CITY ST ZIP	
51 TITLE	TS	51 TITLE	TS ☒ Change ☐ Addition
52 NAME	GREENE, ROBERT F.	52 NAME	Lizona Fredericks
53 STREET ADDRESS	1301 6 AVE W #505	53 STREET ADDRESS	220 Wexford Blvd.
54 CITY ST ZIP	BRADENTON FL	54 CITY ST ZIP	Venice, FL 34293
61 TITLE	T	61 TITLE	T ☒ Change ☐ Addition
62 NAME	HUNTINGTON, RICHARD	62 NAME	Patricia Peck
63 STREET ADDRESS	214 ADELIA AVE., #1	63 STREET ADDRESS	4556 3rd St. Circle W.
64 CITY ST ZIP	SARASOTA FL	64 CITY ST ZIP	Bradenton, FL 34207

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Hickerson Gary Hickerson 4/27/95 (813) 745-7318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017781