

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N48021 (2)

1. Corporation Name

AIDS COUNCIL OF MANATEE, INC.



Principal Place of Business

3701 CORTEZ RD WEST  
SUITE 505  
BRADENTON FL 34206  
US

Mailing Address

P. O. BOX 1014  
SUITE 505  
BRADENTON FL 34206  
US

3. Date Incorporated or Qualified  
03/17/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 300 Riverside Dr. E.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Bradenton, FL

27 City & State

28 Zip

24 34206

25 USA

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREENE, ROBERT F.  
1301 6 AVE W  
SUITE 505  
BRADENTON FL 34205

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
HICKERSON, GARY  
206 2 ST E  
BRADENTON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
GLASS, PAT  
P.O. BOX 1000 N/A  
BRADENTON FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
WHITMORE, CAROL  
532 77TH ST.  
HOLMES BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STRITZEL, MARY  
206 2ND ST. E.  
BRADENTON FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
FREDERICKS, LEONA  
220 WEXFORD BLVD.  
VENICE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PECK, PATRICIA  
4506 3RD ST. CIRCLE W  
BRADENTON FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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)(k), 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:

Harry Hickerson, Treasurer

August 3, 1996

Date

Daytime Phone #

0014217

CR2E037 (3/96)