FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997		DIVISION OF	CORPORATIONS	_	,
DOCU 1. Corporation	MENT In Name		• • • • • • • • • • • • • • • • • • • •			
AIDS COUNCIL OF MANATEE, INC.						**************************************
Principal Plac	e of Busines	·s	Mailing Address			1811 81811 91811 81811 81811 81811 1881
1025 6TH ST.	w		P. O. BOX 1014			
PALMETTO FL 34221			BRADENTON FL 34206-1014 US			
					03/17/1992	n. Date of Last Report 05/20/1996
2. Principal P	lace of Busi River:	side Orive	2a. Mailing Address		4. FEI Number 65-0341487	Applied For Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 36/7 City & State		00	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23 Brace	, –		28		Trust Fund Contribution	Added to Fees
Zip 24-	803	Country 25 USA	Zip	Country	8. This corporation has fiability for intang	
24 370		25 CSA and Address of Currer	29 1 nt Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Registe	
			······································	81 Name	Lunger, Daniel	
LATESSA, LEANN				82 Street	Address (P.D. Box Number is Not Acceptable)	1 247
7811 25TH ST. W. BRADENTON FL 34209				B3 27	110 13th Avenue W	<u>'est/</u>
DIVIDE	NION FL 3	4208				
A *				84 City		FL 85 Zip Code 34209
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 Statutos.						
1	m familiar w	in, and accept the oblig	ations of, Section 617.0503, Fi	orida Statutes.	15 3/2	7/97
SIGNATURE .	Signature, typed		ent and title if applicable. (NOT	L: Registered Agent signate.		TE.
12.	T	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	TD TD	RSON, GARY	☐ DELETE	1.1 TIPLE	President	Change 🔀 Addition
NAME Street address	206 2			1.2 NAME 1.3 STREET ADDRESS	Ellie Perkins	
CITY-ST-ZIP		NTON FL 34208		1.4 CITY-ST-ZIP	4302 Roppano Palas 170, FL 342	51
TITLE	ED	TOTAL CALCO	DELETE	2.1 TITLE	Paraerio, 12 318	Change Addition
NAME		SA, LEANN		2.2 NAME]
STREET ADDRESS		5TH AVE. W.		2.3 STREET ADDRESS		
CITY-ST-ZIP		NTON FL 34209		2. 4 CITY-ST-ZIP		
TITLE	VD		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition ☐
NAMÉ		IR, GEORGE		3.2 NAME		
STREET ADDRESS		ULF DR. N.		3.3 STREET ADDRESS		
CITY - ST - ZIP	BRAUE	NTON FL 34217	DELETE	3.4. C(1)Y-S1-ZIP		Change Addition
TITLE NAME	HICKER	ISON, GARY	L Dittil	4.1 TITLE 4.2 NAME		Change C Addition
STREET ADDRESS		D ST. E.		1		}
CITY-ST-ZIP		NTON FL 34208		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE	SD	110111201200	DELETE	5.1 TITLE		Change Addition
NAME		R, DANIEL		5.2 NAME		
STREET ADDRESS		STH AVE. W		5.3 STREET ADDRESS		
CITY-ST-ZIP		NTON FL 34209		5.4 C(TY-S1-ZIP		
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME (1)				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing 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 Prock 13 if changed, or on an attachment with an address.