

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90389 001 \*\*\*\*61.25  
04-27-2005 90389 002 \*\*\*\*\*8.75

**DOCUMENT # N50133**

1. Entity Name

MANATEE COMMISSION ON THE STATUS OF WOMEN,  
INC.



Principal Place of Business

504 MONTEZUMA DR.  
BRADENTON FL 34209  
US

Mailing Address

MANATEE COMM OF THE STATUS OF WOMEN  
504 MONTEZUMA DR  
BRADENTON FL 34209

2. Principal Place of Business

10309 BRADEN RUN

Suite, Apt. #, etc.

3. Mailing Address

MCSW 10309 BRADEN RUN

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

BRADENTON, FL

Zip  
34202

Country

MANATEE

City & State

BRADENTON, FL

Zip  
34202

Country

MANATEE

4. FEI Number

65-0445774

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ISBELL, JUNE  
504 MONTEZUMA DR  
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

DR. MONA JAIN

Street Address (P.O. Box Number is Not Acceptable)

10309 BRADEN RUN

City

BRADENTON

FL

Zip Code

34202

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 Dr. Mona Jain, DR. MONA JAIN, TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

4.22.2005

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	P	<input checked="" type="checkbox"/> Delete
NAME	MORELAND, DIANA	
STREET ADDRESS	204 13TH ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOCHENS, JEANNE	
STREET ADDRESS	1132 DENNY DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ISBELL, JUNE	
STREET ADDRESS	504 MONTEZUMA DR.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGURITY, PEG	
STREET ADDRESS	109 12TH ST NW	
CITY-ST-ZIP	BRADENTON BEACH FL 34217	
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	CHAIRMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MS. JEANNE JOCHENS	
STREET ADDRESS	1132 DENNY DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	VICE-CHAIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRS. MARTORIE KINNAN	
STREET ADDRESS	5903 RIVERVIEW BLVD.	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. MONA JAIN	
STREET ADDRESS	10309 BRADEN RUN	
CITY-ST-ZIP	BRADENTON, FL 34202	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SAME AS LISTED.

12. I 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 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: Dr. Mona Jain (DR. MONA JAIN) 4.22.2005. (941) 758-5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #