



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90479 001 \*\*\*\*\*8.75  
04-24-2006 90479 002 \*\*\*\*\*61.25

<b>DOCUMENT # N50133</b> 1. Entity Name <b>MANATEE COMMISSION ON THE STATUS OF WOMEN, INC.</b>					
Principal Place of Business <b>10309 BRADEN RUN BRADENTON FL 34202 US</b>			Mailing Address <b>10309 BRADEN RUN BRADENTON FL 34202 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		  1st MOORE CR2E037 (10/05)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0445774</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>JAIN, MONA DR 10309 BRADEN RUN BRADENTON FL 34202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>JOCHENS, JEANNE</b> <b>1132 DENNY DRIVE</b> <b>SARASOTA FL 34243</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chair</b> <b>Ms. Vicki Waters</b> <b>2724 Florida Blvd</b> <b>Bradenton, FL 34207</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>KINNAN, MARJORIE</b> <b>5903 RIVERVIEW BLVD</b> <b>BRADENTON FL 34209</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JAIN, MONA DR</b> <b>10309 BRADEN RUN</b> <b>BRADENTON FL 34202</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCGURITY, PEG</b> <b>109 12TH ST NW</b> <b>BRADENTON BEACH FL 34217</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Ms. Joann Kratzmiller</b> <b>4807 Raintree Street Circle East</b> <b>Bradenton, FL 34203</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					
<b>SIGNATURE: <u>Dr. Mona Jain</u></b>			<b>4.14.2006. (941) 758-5005</b>		