2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# N50133

Entity Name: MANATEE COMMISSION ON THE STATUS OF WOMEN, INC.

Current Principal Place of Business:

10309 BRADEN RUN
BRADENTON, FL 34202 US

New Principal Place of Business:

Current Mailing Address:

10309 BRADEN RUN
BRADENTON, FL 34202 US

New Mailing Address:

FEI Number: 65-0445774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAIN, MONA DR
10309 BRADEN RUN
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: WATERS, VICKI
Address: 2724 FLORIDA BLVD
City-St-Zip: BRADENTON, FL 34207

Title: VC ( ) Delete
Name: KINNAN, MARJORIE
Address: 5903 RIVERVIEW BLVD
City-St-Zip: BRADENTON, FL 34209

Title: T ( ) Delete
Name: JAIN, MONA DR
Address: 10309 BRADEN RUN
City-St-Zip: BRADENTON, FL 34202

Title: S ( ) Delete
Name: KRATZMILLER, JOANN
Address: 4807 RAINTREE STREET CIRCLE EAST
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change ( ) Addition
Name: RUNNELLS, MARY
Address: 6812 11TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34209

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MONA JAIN T 04/16/2007

Electronic Signature of Signing Officer or Director — Date