FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT #

N51369

(9)

MANASOTA CFS/CFIDS SUPPORT GROUP, INC.

Country

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4930 WINDSOR PARK SARASOTA FL 34235

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Z:p

Principal Place of Business

2. Principal Place of Business

Suite, Apt #, etc.

SIGNATURE:

City & State

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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4930 WINDSOR PARK SARASOTA FL 34235-2609

FILED Mar 19 1997 8:00am Secretary of State



Yes 🔼 No

8. This corporation has liability for intangible tax under s. 199.032,

3a. Date of Last Report 03/18/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 10/15/1992

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

4. FEI Number 65-0369463

Florida Statutes

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
NELSON, MARION S 4930 WINDSOR PARK			Name .			
			82 Street Address (P.O. Box Number is Not Acceptable) 83			
		B4	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 _	Marion S. Jelson			3 - 15 - 97 e racuired when reinstation DATE	_	
12.		stered Age	nt signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	;	
TILLE		.1 TITLE		Change ☐ Additi	on 6	
NAME	NELOON MEDION O	1.2 NAME			1	
STREET ADDRESS	ACCO MANDOOD DADI!	3 STREET	ADDRESS	!		
CITY - ST - 7IP	SARASOTA FL 34235	1.4 CITY - ST 210		34238 - 2609		
THLE		1 TITLE		Change Additi	on	
NAME	BROWN, JOYCE, 2	2.2 NAME				
STREET ADDRESS	The state of the s	.3 STREET	ADDRESS			
CITY - ST - ZIP	SARASOTA FL 2	2.4 CITY - ST-ZIP		34241-9747 SID LI Change Addition MASTROIANNI, SHEILA 3223 PINE VALLEY DR SARASOTA FL 34239-4350 Change Addition		
TILLE		31 TITLE		S/D Change Additi	on	
NAME		32 NAME		MASTROIANNI, SHEILA		
STREET ADDRESS		3.3 STREET ADDRESS		3223 PINE VALLEY DR		
CITY - ST - ZIP		3.4. CITY-ST-ZIP		SARASOTA FL 34239-4350	_	
TILE		i 1		Change Additi	on	
NAME		. 2 NAME				
STREET ADDRESS		1.3 STREET			- }	
CHY-S1-ZIP		.4 CITY - S	T-ZIP	Change Additi		
TITLE	- I	1 TITLE		j Change Additi	UII]	
NAME OZOGLE ACCORNOS		.2 NAME	ABBBEAG			
STREET ADDRESS		3.3 STREET			- 1	
CITY - ST - ZIP		5.4 CITY-ST-ZIP 6.1 TITLE		Change Additi	ion l	
NAME		6.2 NAME		Orange recan	-"	
STREET ADDRESS		.2 NAME 3.3 STREET	ADDBCCC			
CHY-SI-ZIP	•	3 STREET 3 4 CITY - S				
14. I do hereb	by certify that the information supplied with this filling does not qualify for t	the exe	mption s	stated in Section 119.07(3)(i), Florida Statutes, I further certify that the		
informatio	n indicated on this annual report or supplemental annual report is true ar	nd accu	rate and	d that my signature shall have the same legal effect as if made under oath; t	hat	

MARION S. NELSON

Country

30