

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90117 043 ****61.25

0067704

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N51369

1. Corporation Name

MANASOTA CFS/CFIDS SUPPORT GROUP, INC.

Principal Place of Business

4930 WINDSOR PARK
 SARASOTA FL 34235

Mailing Address

4930 WINDSOR PARK
 SARASOTA FL 34235



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/15/1992

4. FEI Number

65-069463

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

NELSON, MARION S
 4930 WINDSOR PARK
 SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name

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

83

84 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
 NAME NELSON, MARION S.,
 STREET ADDRESS 4930 WINDSOR PARK
 CITY-ST-ZIP SARASOTA FL

TITLE VPD
 NAME BROWN, JOYCE,
 STREET ADDRESS 7550 S. IGUANA DR.
 CITY-ST-ZIP SARASOTA FL

TITLE SD
 NAME MASTROIANNI, SHEILA
 STREET ADDRESS 3223 PINE VALLEY DR
 CITY-ST-ZIP SARASOTA FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer/Director ☒ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE P/D
 2.2 NAME VOLINO, LINDA G.
 2.3 STREET ADDRESS 3117 42nd St East
 2.4 CITY-ST-ZIP Bradenton FL 34208

3.1 TITLE 1st VP/D
 3.2 NAME IRIS DUBOIS
 3.3 STREET ADDRESS 2926 Phyllis Ave
 3.4 CITY-ST-ZIP Sarasota FL 34231

4.1 TITLE 2nd VP/D
 4.2 NAME ROSE L'CHAPELLE
 4.3 STREET ADDRESS 4917 Winterhaven Dr.
 4.4 CITY-ST-ZIP Sarasota FL 34233

5.1 TITLE 3rd VP/D
 5.2 NAME DONNA BEDITS
 5.3 STREET ADDRESS 2083 Wood Hollow Lane
 5.4 CITY-ST-ZIP Sarasota FL 34235

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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 Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marion S. Nelson 4/22/99 941-371-6944
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)