

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90029 009 ****61.25

DOCUMENT # N93000003803

1. Corporation Name

MANATEE CATHOLIC SCHOOL FOUNDATION, INC.

Principal Place of Business

1023 Manatee Avenue West
Bradenton, FL 34205

Mailing Address

P.O. Box 1046
Bradenton, FL 34206

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1023 Manatee Ave West

Suite, Apt. #, etc.

27 City & State

28 Bradenton FL

29 Zip Country

30 34205 US

3. Date Incorporated or Qualified
8/23/93

4. FEI Number

65-0461075

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

Galvano, William S.
1023 Manatee Avenue West
Bradenton, FL 34205 US

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	D	<input type="checkbox"/> DELETE
NAME	Fernandez, Enrique J	
STREET ADDRESS	902 59th Street W.	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Hargreaves, Kathleen A	
STREET ADDRESS	1858 Ringling Blvd	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Hall, Roger W	
STREET ADDRESS	311 Manatee Avenue East	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Belaney, Robert	
STREET ADDRESS	6221 14th Street West, Ste 202	
CITY-ST-ZIP	Bradenton, FL 34207	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Eason, Martin	
STREET ADDRESS	8915 12th Avenue NW	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Brown, George K	
STREET ADDRESS	7810 15th Avenue NW	
CITY-ST-ZIP	Bradenton, FL 34209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2902 59th Street W., Suite A
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	Galvano, William S.
2.4 CITY-ST-ZIP	1023 Manatee Avenue West Bradenton, FL 34205
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William S. Galvano

Date

941-748-0151

Daytime Phone #

CR2E037 (1/198)