

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003624 (2)**
1. Corporation Name

PEOPLE OF COLOR AIDS COALITION MANATEE, INC.

Principal Place of Business
**236 M.L. KING JR. AVENUE W
BRADENTON FL 34205**

Mailing Address
**236 M.L. KING JR. AVENUE W
BRADENTON FL 34205**

FILED

97 SEP 26 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/31/1995	3a. Date of Last Report 08/23/1996
4. FEI Number 65-0596093	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNLAP, ROBERT
236 M.L. KING JR. AVE. W.
BRADENTON FL 34205**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATIONS BANK	1.2 NAME	
STREET ADDRESS	P.O. BOX 31590 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33631-3590	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, RALPH R	2.2 NAME	
STREET ADDRESS	P.O. BOX 2358 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DEVINE, CARL	3.2 NAME	
STREET ADDRESS	200 3RD AVENUE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, DORETHA	4.2 NAME	
STREET ADDRESS	3020 9TH AVENUE DRIVE E	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	4.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, ROBERT	5.2 NAME	
STREET ADDRESS	621-13 AVENUE E	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, WENDALL	6.2 NAME	
STREET ADDRESS	5802 8TH STEET CT. E	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____ SIGNATURE REQUIRED _____ 09/16/97

CR2E037 (4/97)