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**FILED**  
**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90010 001 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003624**

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

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2. Principal Place of Business 21 108 M.L. KING JR AVE. Suite, Apt. #, etc. 22 City & State 23 BRADENTON, FLA. Zip 24 34208		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 MANATEE Country 30		3. Date Incorporated or Qualified 07/31/1995	
4. FEI Number 65-0596093		Applied For 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"/>		May Be Added to Fees \$5.00		9. Name and Address of Current Registered Agent DUNLAP, ROBERT 236 M.L. KING JR. AVE. W. BRADENTON FL 34205	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 108 M.L. KING JR. AVE. E. 84 City BRADENTON 85 Zip Code FL 34208					

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	AMERICAN BANK	1.2 NAME	DORETHA PRATT
STREET ADDRESS	4702 CORTEZ ROAD	1.3 STREET ADDRESS	3020 9TH AVE. E.
CITY-ST-ZIP	BRADENTON FL 34204	1.4 CITY-ST-ZIP	PALMETTO, FL. 34221
TITLE	P	2.1 TITLE	
NAME	JOHNSON, SAMIDA	2.2 NAME	SHIRLEY BREWER
STREET ADDRESS	6109 37TH AVENUE WEST	2.3 STREET ADDRESS	1404 15TH AVE. E.
CITY-ST-ZIP	BRADENTON FL 34204	2.4 CITY-ST-ZIP	BRADENTON, FL. 34208
TITLE	D	3.1 TITLE	
NAME	DIXON, JAMES	3.2 NAME	REV. DANNY HARRIS
STREET ADDRESS	2111 19TH STREET EAST	3.3 STREET ADDRESS	236 M.L. KING JR. AVE. W.
CITY-ST-ZIP	BRADENTON FL 34208	3.4 CITY-ST-ZIP	BRADENTON, FL. 34205
TITLE	D	4.1 TITLE	
NAME	DESBIOS, LISA	4.2 NAME	
STREET ADDRESS	1003 8TH AVENUE WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	4.4 CITY-ST-ZIP	
TITLE	ED	5.1 TITLE	
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		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

CR2E037 (11/98)