

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90027 039 ****61.25

DOCUMENT # N95000004110

1. Entity Name
MCC CHAPLAINCY, INC.



Principal Place of Business
MANATTE COMMUNITY COLLEGE
CHAPEL
BRADENTON, FL 342087

Mailing Address
PO BOX 1849 10205
BRADENTON, FL 34206
34282-0205

50009762



03232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0622326
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILPIN, JOSEPH A
6418 GLEN ABBEY LANE RIVER CLUB
BRADENTON, FL 34202
HEDMAN, JAMES E
5714 41st STREET EAST
BRADENTON, FL 34203

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/28/2006
DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GILPIN, JOSEPH A
STREET ADDRESS	6418 GLEN ABBEY LANE RIVER CLUB
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VP
NAME	GARLAND, JUDY
STREET ADDRESS	4301 RIVERVIEW BLVD
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	S
NAME	THOMPSON, BARBARA Eileen Alleman
STREET ADDRESS	3204 42nd St. W.
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	D
NAME	NICHOLSON, DON REV
STREET ADDRESS	104-42ND ST NW
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	VP
NAME	MARSHALL, JILL
STREET ADDRESS	5401 GUNNDALE CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	P.
NAME	HEDMAN, JAMES REV.
STREET ADDRESS	5714 41st STREET EAST
CITY-ST-ZIP	BRADENTON, FL 34203

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eileen Alleman Eileen Alleman

3-27-06
Date

941-753-7543
Daytime Phone #