

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90319 023 ****61.25

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DOCUMENT # N95000004444

1. Entity Name

NAMI MANATEE COUNTY, FL, INC.



Principal Place of Business

**4255 GULF DRIVE
#123
HOLMES BEACH FL 34217**

Mailing Address

**4255 GULF DRIVE
#123
HOLMES BEACH FL 34217**

11035378



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3333249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANSON, JOHN C
406 13TH ST W.
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **ADAMSON, THOMAS E**
STREET ADDRESS **720 OAKVIEW DR**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **PD** ☐ Delete
NAME **WELLS, JACQUELINE G**
STREET ADDRESS **4255 GULF DR #123**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **VD** ☐ Delete
NAME **JERMAN, LILLIAN**
STREET ADDRESS **5100 60 ST EAST #061**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **S** ☐ Delete
NAME **SMITH, MARYLEA HANSON**
STREET ADDRESS **5410-D RIVERFRONT DR.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ Delete
NAME **DAVIS, LINDA K**
STREET ADDRESS **628 EMERALD LANE**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **T** ☐ Delete
NAME **MORAN, TIM**
STREET ADDRESS **5803 24TH CT W**
CITY-ST-ZIP **BRADENTON FL 34207**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED

TIM MORAN
4/29/03
941-268-2349

CR2E037 (10/02)