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Feb 25, 1999 8:00 am
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02-25-1999 90048 009 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000004563

1. Corporation Name

EXECUTIVE SERVICE CORPS OF MANASOTA, INC.

Principal Place of Business
1730 INDEPENDENCE BLVD.
SARASOTA FL 34234

Mailing Address
1730 INDEPENDENCE BLVD.
SARASOTA FL 34234



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/22/1995

22 City & State

27 City & State

4. FEI Number
65-0614673

Applied For
Not Applicable

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RINCON, EDWARD A
2384 SEATTLE SLEW DRIVE
SARASOTA FL 34240

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROUT, STUART	1.2 NAME	DOROTHY GILLIAR
STREET ADDRESS	5008 CORAL BLVD	1.3 STREET ADDRESS	4940 GREENCROFT ROAD
CITY-ST-ZIP	BRADENTON FL 34210	1.4 CITY-ST-ZIP	SARASOTA FL 34235
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAPOPORT, LEO A	2.2 NAME	BETTE SEIGERMAN
STREET ADDRESS	421 PALM TREE DRIVE	2.3 STREET ADDRESS	101 SUNSET DRIVE
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	SARASOTA FL 34236
TITLE	DAS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, NORMAN	3.2 NAME	HUGH HENIG
STREET ADDRESS	5055 GULF OF MEXICO DR	3.3 STREET ADDRESS	8716 54TH AVE EAST
CITY-ST-ZIP	LONGBOAT KEY FL 34228	3.4 CITY-ST-ZIP	BRADENTON FL 34202
TITLE	DTS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINCON, EDWARD A	4.2 NAME	
STREET ADDRESS	2384 SEATTLE SLEW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAGER, SAMUAL	5.2 NAME	
STREET ADDRESS	3040 GRAND BAY BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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
RINCON, EDWARD A.

1/12/99 941-371-3459
Date Daytime Phone #

CR2E037 (1/98)