


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005417 (9)**  
1. Corporation Name

**MANASOTA PAF USERS' GROUP, INC.**



Principal Place of Business <b>5811 24TH STREET, WEST BRADENTON FL 34207-3931</b>	Mailing Address <b>5811 24TH STREET, WEST BRADENTON FL 34207-3931</b>
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3. Date Incorporated or Qualified <b>11/14/1995</b>	
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>NAYLOR, ELSIE B 5811 24TH STREET, WEST BRADENTON FL 34207-3931</b>	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULZ, BARBARA</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 1502 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ONECO FL 34264</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRENCHARD, BYRON</b>	2.2 NAME	
STREET ADDRESS	<b>1520 45TH AVE EAST</b>	2.3 STREET ADDRESS	<b>VD SCHAFFER JO ANN</b>
CITY-ST-ZIP	<b>ELLENTON FL 34222</b>	2.4 CITY-ST-ZIP	<b>3315 36TH ST, WEST BRADENTON, FL 34205</b>
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLSON, NANCY</b>	3.2 NAME	
STREET ADDRESS	<b>7202 39TH LANE EAST</b>	3.3 STREET ADDRESS	<b>TD</b>
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALKINS, ELIZABETH</b>	4.2 NAME	
STREET ADDRESS	<b>PO BOX 456 N/A</b>	4.3 STREET ADDRESS	<b>SD</b>
CITY-ST-ZIP	<b>CORTEZ FL 34215</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(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: *Barbara Schulz* **Barbara Schulz** 4/3/98 941-756-8262

CR2E037 (10/97)