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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001691 (2)**

1. Corporation Name

**MANATEE WEST MERCHANTS ASSOCIATION, INC.**

Principal Place of Business

**7471 WEST MANATEE AVE  
BRADENTON FL 34209**

Mailing Address

**7471 WEST MANATEE AVE  
BRADENTON FL 34209**

3. Date Incorporated or Qualified

**03/22/1996**

4. FEI Number

**65-0655286**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMILTON, JEFFREY W  
702 MANATEE AVE., WEST  
BRADENTON FL 34205**

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 617.1506, 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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, JENNIFER</b>	
STREET ADDRESS	<b>7471 WEST MANATEE AVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHATLEY, BOBBY</b>	
STREET ADDRESS	<b>7465 WEST MANATEE AVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LETTERMAN, GAIL</b>	
STREET ADDRESS	<b>7431 WEST MANATEE AVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, BRYAN</b>	
STREET ADDRESS	<b>7423 WEST MANATEE AVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COLAVITO, DEBBIE</b>	
STREET ADDRESS	<b>7423 A WEST MANATEE AVE.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAQUIN, USA</b>	
STREET ADDRESS	<b>7453 WEST MANATEE AVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DIXIE ANN SCHMIDT</b>	
1.3 STREET ADDRESS	<b>7441 MANATEE AVE. W.</b>	
1.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CAROLYN KAISER</b>	
2.3 STREET ADDRESS	<b>3814 SOUTHERN PKY W</b>	
2.4 CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JUDITH A. HANCOCK</b>	
3.3 STREET ADDRESS	<b>1117 MAIORCA DR.</b>	
3.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*Bobby N. Whatley*

**4-29-98**

**841-792-1260**

CP2E037 (1097)