


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005950</b> 1. Entity Name <b>MANATEE RELIGIOUS SERVICES FOUNDATION, INC.</b>	
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Principal Place of Business <b>3111 29TH AVENUE EAST BRADENTON, FL 34208</b>	Mailing Address <b>3111 29TH AVENUE EAST BRADENTON, FL 34208</b>
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01102005 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0747905</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TALOR, LEXIE O 3111 29TH AVE. EAST BRADENTON, FL 34208</b>
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**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) 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 NAME STREET ADDRESS CITY-ST-ZIP	D EVERSOLE, ART 5501 9TH AVE DRIVE W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORNEY, RON 602 3RD STREET EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKAY, JOHN 2424 MANATEE AVE W STE 101 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, LEXIE O 3111 29TH AVE. EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, BARBARA 1107 26T ST CT EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000396602  
01/30/06-80016-023 61.25

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IN THIS SPACE**

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: Lexie O. Taylor Lexie O. Taylor 1-30-06 941-744-5155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #