FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Merthame

Secretary of State **DIVISION OF CORPORATIONS**

	1000				
DOCU 1. Corporation	MENT # N97000	0006424 (2)			
MANATEE FOUNDATION INC.					
Principal Plac	ce of Business	Mailing Address			
507 SOUTH CASEY KEY ROAD 507 SOUTH CASEY KEY ROA			AD		3. Date Incorporated or Qualified
NOKOMIS FL 34275 NOKOMIS FL 34275					11/12/1997
					4. FEI Number Applied For
2. Principal F	Place of Business	2a. Mailing Address	- "		S Certificate of Status Desired S8.75 Additional
21 26					5. Certificate of Status Desired
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
22 27 City & State City & State					Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?
23	28				☐ Yes 🔀 No
Zip	Country	Zip	Country 10	y	8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Current		<u> </u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
<u></u>	g, ranio are radios of Carrent	TIOGISTATION NO.	81	Name	·
CROWLEY, WILLIAM T 82 Street Addrs				Address (P.O. Box Number is Not Acceptable)	
. 507 SOUTH CASEY KEY ROAD					
NOKOMIS FL 34275					
1			84		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.					
1	am familiar with, and accept the obligat	ions of, Section 617.0503, Flori	da Statute	8.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Ag	ent algnature re	e required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITLE	-	William T. Crawley Director
NAME STREET ADDRESS			1.2 NAME	T ADDRESS	507 So, CISTY KRY Rd
CITY-ST-ZIP			1.4 CITY-1		Nokowis FL. 34275
TITLE		DELETE 2.1			Industrial Month & Change Addition
NAME			2.2 NAME	₽	Sign CROWN DIRGITOR
STREET ADDRESS	}		2.3 STREE	T ADDRESS .	50750. Casey Keykd
CITY-ST-ZIP		☐ DELETE	2.4 CITY-	ST-ZIP	Nokoffis FL 3757
TITLE NAME		[Deceie	3.1 TITLE 3.2 NAME		DIRECTOR
STREET ADDRESS				TADDRESS	Michael Deleo
CITY-ST-ZIP			3.4. CITY-		5078888884 Ex 34275
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	į	
STREET ADDRESS				FADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-1	ST-ZIP	Change Addition
TITLE NAME		□ DECEIE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			5.4 CITY - S	- 1	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ AddItion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	T ADDRESS	

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.

FILED

Mar 26 1998 8:00am

Secretary of State