

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002554

FILED
Feb 05, 2009
Secretary of State

Entity Name: MANATEE COMMUNITY FOUNDATION, INC

Current Principal Place of Business:

3103 MANATEE AVE WEST
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

3103 MANATEE AVE WEST
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 65-0833500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEARNS, STEWART W
2635 FRUITVILLE ROAD
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CHILES, ED
Address: PO BOX 1478
City-St-Zip: ANNA MARIA, FL 34216

Title: V () Delete
Name: BADEN, SARA
Address: 38820 TAYLOR ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: S () Delete
Name: JONES, CHRIS
Address: 1201 6TH AVE WEST
City-St-Zip: BRADENTON, FL 34205

Title: PP () Delete
Name: PORGES, GREGORY J
Address: 1205 MANATEE AVE WEST
City-St-Zip: BRADENTON, FL 34205

Title: T () Delete
Name: HOFFNER, DALE
Address: 1301 6TH AVENUE WEST, SUITE 600
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: CHILES, ED
Address: PO BOX 1478
City-St-Zip: ANNA MARIA, FL 34216

Title: P (X) Change () Addition
Name: BADEN, SARA
Address: 38820 TAYLOR ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: V (X) Change () Addition
Name: JONES, CHRIS
Address: 1201 6TH AVE WEST
City-St-Zip: BRADENTON, FL 34205

Title: S (X) Change () Addition
Name: KIRKPATRICK, ALEXANDER
Address: 3103 MANATEE AVENUE WEST
City-St-Zip: BRADENTON, FL 34205

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN HOWARD

ED

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date