


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90029 033 ****61.25

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| DOCUMENT # N99000007372 | |  |
| 1. Entity Name WOMEN'S RESOURCE CENTER FOUNDATION OF MANATEE, INC. | | |

40000368



01062005 Chg-NP CR2E037 (10/03)

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|---|--|---|--|
| Principal Place of Business 1926 MANATEE AVE. W. BRADENTON, FL 34205 US | | Mailing Address 1926 MANATEE AVE. W. BRADENTON, FL 34205 US | |
|---|--|---|--|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|-----------------------------|--|
| 4. FEI Number 59-3034653 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| BROWN, ASHLEY 1926 MANATEE AVE. W. BRADENTON, FL 34205 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--------------------------------|--|

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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SNAURETTE, SYDNEY 4612 ARLINGTON RD PALMETTO, FL 34221 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SNAURETTE, SYDNEY 4612 Arlington Rd Palmetto FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CARTER, JAYMIE 9407 25TH ST EAST PARRISH, FL 34219 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD JOHNSON, JULIE 1300 4TH STREET PALMETTO, FL 34221 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD WHITTINGTON, VIRGINIA 1876 OAK STREET SARASOTA, FL 34236 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP DALGLISH, KIM 102 MANATEE AVE W BRADENTON, FL 34205 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | President Dalglish, Kim 102 Manatee Ave W Bradenton, FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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: Ashley Brown - Ashley Brown 1/6/05 941-747-6797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #