## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007372

US

US

FILED Apr 16, 2009 Secretary of State

Entity Name: WOMEN'S RESOURCE CENTER FOUNDATION OF MANATEE, INC.

Current Principal Place of Business: New Principal Place of Business:

1926 MANATEE AVE. W. BRADENTON, FL 34205

Current Mailing Address: New Mailing Address:

1926 MANATEE AVE. W. BRADENTON, FL 34205

FEI Number: 59-3034653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, ASHLEY 1926 MANATEE AVE. W. BRADENTON, FL 34205 US

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:

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Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: SHAURETTE, SYDNEY Name: CASON, CAROL Address: 4612 ARLINGTON RD Address: 4911 CORAL BLVD.

Address: 4612 ARLINGTON RD Address: 4911 CORAL BLVD.

City-St-Zip: PALMETTO, FL 34221 US City-St-Zip: BRADENTON, FL 34210 US

Title: S ( ) Delete Title: S (X) Change ( ) Addition Name: POKRYWA, TODD Name: HALL, MARY ELLEN

Address: 6461 BLUE GROSEBEAK CIRCLE Address: 4525 7TH AVE. W.
City-St-Zip: BRADENTON, FL 34202 US City-St-Zip: BRADENTON, FL 34209 US

Title: PP ( ) Delete Title: PP (X) Change ( ) Addition

 Name:
 DALGLISH, KIM
 Name:
 RAWE, JIM

 Address:
 102 MANATEE AVE W
 Address:
 703 65TH STREET CT. NW

 City-St-Zip:
 BRADENTON, FL 34205
 City-St-Zip:
 BRADENTON, FL 34209

Title: P ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 RAWE, JAMES
 Name:
 BEASLEY, SHERRI

 Address:
 1301 9TH AVE WEST
 Address:
 10558 OLD GROVE CIRCLE

 City-St-Zip:
 BRADENTON, FL 34205
 City-St-Zip:
 BRADENTON, FL 34212

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: ASHLEY BROWN ED 04/16/2009