

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004052

**Entity Name:** MANATEE TECHNICAL INSTITUTE FOUNDATION, INC.**Current Principal Place of Business:**6305 STATE ROAD 70 EAST  
BRADENTON, FL 34203**Current Mailing Address:**6305 STATE ROAD 70 EAST  
BRADENTON, FL 34203 US**FEI Number: 30-0096001****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CONARD, RICHARD  
1707 71ST ST NW  
BRADENTON, FL 34209 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name CONARD, RICHARD T  
Address 1707 71 STREET NW  
City-State-Zip: BRADENTON FL 34209

Title PRES  
Name ZIEMNICKI, JOHN  
Address 4301 32 STREET W.  
City-State-Zip: BRADENTON FL 34205

Title D  
Name SUTTON, CLAYTON  
Address 4724 53RD AVE. E.  
City-State-Zip: BRADENTON FL 34203

Title VP  
Name SUNSERI, BRION  
Address 3911 GOLF PARK LOOP  
City-State-Zip: BRADENTON FL 34203

Title DIRECTOR  
Name CARPENTER, KAREN  
Address 215 MANATEE AVENUE WEST  
City-State-Zip: BRADENTON FL 34205

Title DIRECTOR  
Name CHAPPIE, JOHN  
Address PO BOX 1000  
City-State-Zip: BRADENTON FL 34206

Title DIRECTOR  
Name HYDEN, TIM  
Address 3200 LAKEWOOD RANCH BLVD.  
City-State-Zip: BRADENTON FL 34211

Title DIRECTOR  
Name LEE, BILL  
Address 4760 US 41  
City-State-Zip: PALMETTO FL 34221

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN A ZIEMNICKI****PRESIDENT****01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	STOCKTON, EARL
Address	1600 KEN THOMPSON PARKWAY
City-State-Zip:	SARASOTA FL 34236