

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

1995 MAY - 1

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 739165 (9)
1. Corporation Name
MANATEE CHILDREN'S SERVICES, INCORPORATED

Principal Place of Business 1501 MANATEE AVE W BRADENTON FL 34205	Mailing Address 1501 MANATEE AVE W BRADENTON FL 34205
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/26/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1771210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for franchise tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1101 6th Ave. West Suite, Apt. #, etc. 22 Ste. 218 City & State 23 Bradenton, FL Zip 24 34205	2a. Mailing Address 25 1101 6th Ave. West Suite, Apt. #, etc. 26 Ste. 218 City & State 27 Bradenton, FL Zip 28 34205 County 29 Manatee
--	--

9. Name and Address of Current Registered Agent
**SAUNDERS, DIANE, G
1901 MANATEE AVE W
BRADENTON 34205**

10. Name and Address of New Registered Agent
81 Name
Lynda Ackerman
82 Street Address (P.O. Box Number is Not Acceptable)
1101 6th Ave. W., Ste. 218
83
84 City
Bradenton FL 85 Zip Code
34205

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Lynda Ackerman* **Lynda Ackerman** **4-14-95**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	NAME TILLIS, TED	STREET ADDRESS 3101 9TH AVE DR E	CITY ST ZIP PALMETTO FL
TITLE D	NAME OBRIEN, THOMAS	STREET ADDRESS 201 73RD ST NW	CITY ST ZIP BRADENTON FL
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME Diana Kizer	
13 STREET ADDRESS 402 43rd St. W.	
14 CITY ST ZIP Bradenton, FL 34209	
21 TITLE D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME Steven W. Prouty	
23 STREET ADDRESS 1205 Manatee Ave. W.	
24 CITY ST ZIP Bradenton, FL 34205	
31 TITLE D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME Richard Rath	
33 STREET ADDRESS 339 46th St. W.	
34 CITY ST ZIP Bradenton, FL 34205	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynda Ackerman* **Lynda Ackerman** **4-14-95** (813) 746-1904
Signature typed or printed name of signing officer or director Date (Include Year)