

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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	Mailing Address
1101 6TH AVE WEST STE. 218 BRADENTON FL 34205	1101 6TH AVE WEST STE. 218 BRADENTON FL 34205

3. Date Incorporated or Qualified 05/26/1977	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

4. FEI Number 59-1771210	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ACKERMAN, LYNDA 1101 6TH AVE. WEST. STE. 218 BRADENTON FL 34205				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D / VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIZER, DIANA	1.2 NAME	Ed Nicholas
STREET ADDRESS	402 43RD ST. W.	1.3 STREET ADDRESS	1112 Manatee Avenue West
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D / T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBRIEN, THOMAS	2.2 NAME	Ginny Dorris
STREET ADDRESS	201 73RD ST NW	2.3 STREET ADDRESS	339 6th Avenue West
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	D / P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROUTY, STEVEN W	3.2 NAME	Prouty, Steven W.
STREET ADDRESS	1205 MANATEE AVE. W.	3.3 STREET ADDRESS	1205 Manatee Avenue West
CITY-ST-ZIP	BRADENTON FL 34205	3.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	D / S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATH, RICHARD	4.2 NAME	Rath, Richard
STREET ADDRESS	339 46TH ST. W.	4.3 STREET ADDRESS	339 46th Street West
CITY-ST-ZIP	BRADENTON FL 34205	4.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven W. Prouty 4/25/96 (941) 746-1904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)