

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739165

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: MANATEE CHILDREN'S SERVICES, INCORPORATED

**Current Principal Place of Business:**

439 CORTEZ ROAD WEST  
BRADENTON, FL 34207

**New Principal Place of Business:**

465 CORTEZ ROAD WEST  
BRADENTON, FL 34207

**Current Mailing Address:**

439 CORTEZ ROAD WEST  
BRADENTON, FL 34207

**New Mailing Address:**

465 CORTEZ ROAD WEST  
BRADENTON, FL 34207

FEI Number: 59-1771210      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

THOMPSON, MELINDA C  
439 CORTEZ ROAD WEST  
BRADENTON, FL 34207      US

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

THOMPSON, MELINDA C  
465 CORTEZ ROAD WEST  
BRADENTON, FL 34207      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: MELINDA C THOMPSON

04/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TOKAJER, WILLIAM  
Address: 100 10TH STREET WEST  
City-St-Zip: BRADENTON, FL 34205

Title: VP ( ) Delete  
Name: TONZI, ANN  
Address: 4611 18TH AVE W  
City-St-Zip: BRADENTON, FL 34209

Title: TD ( ) Delete  
Name: HAMMER, JAMES  
Address: 9411 SARAZEN PLACE  
City-St-Zip: PALMETTO, FL 34221

Title: SD ( ) Delete  
Name: FORSHEY, LAVERNE  
Address: 5022 44TH STREET WEST  
City-St-Zip: BRADENTON, FL 34210

Title: D ( ) Delete  
Name: SMITH, BEMIS  
Address: PO BOX 2115  
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete  
Name: TURNER, MIKE  
Address: 7942 49TH AVENUE EAST  
City-St-Zip: BRADENTON, FL 34203

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM TOKAJER

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date