

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 # **N35311 (2)**

1. Corporation Name
CRIME STOPPERS OF MANATEE COUNTY, INC.



Principal Place of Business 515 - 11TH STREET WEST P.O. BOX 9867 BRADENTON FL 34206	Mailing Address 515 - 11TH STREET WEST P.O. BOX 9867 BRADENTON FL 34206
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3. Date incorporated or Qualified 11/21/1989	3a. Date of Last Report 05/25/1995
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21. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0178300	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country	29. Country			
	30. Country			

9. Name and Address of Current Registered Agent DOYLE, DAN 1806 38TH AVE. SE BRADENTON FL 34208	81. Name	10. Name and Address of New Registered Agent
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	FL 85. Zip Code

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	LIVINGSTON, H. GLENN <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4303 17TH AVE. W.	1.2 NAME	
STREET ADDRESS	BRADENTON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE SD	MRAZIK, MIKE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3526 - 9TH ST. W., STE "A"	2.2 NAME	
STREET ADDRESS	BRADENTON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	HATCHER, BEN T. <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6160 14TH ST. W.	3.2 NAME	
STREET ADDRESS	BRADENTON FL	3.3 STREET ADDRESS	7702 16th Avenue NW
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BRADENTON FL 34209
TITLE PD	DOYLE, DAN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1806 38TH AVE. E	4.2 NAME	
STREET ADDRESS	BRADENTON FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	POPE, JOHN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	717 - 12TH STREET WEST	5.2 NAME	
STREET ADDRESS	BRADENTON FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE TD	BROOKS, CHET <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6404 MANATEE AVE W, STE L	6.2 NAME	BROOKS, CHET
STREET ADDRESS	BRADENTON FL	6.3 STREET ADDRESS	6404 MANATEE AVE W, STE L
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BRADENTON FL 34209

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 it changed, or on an attachment with an address.

SIGNATURE: *Ben T. Hatcher* **BEN T. HATCHER** 4/26/96 941/753-0764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)