

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34206-9867
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3. Date Incorporated or Qualified 11/21/1989	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt #, etc City & State Zip Country	2a. Mailing Address Suite, Apt #, etc. City & State Zip Country
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4. FEI Number 65-0178300	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
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
**DOYLE, DAN
1806 38TH AVE. SE
BRADENTON FL 34208**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTON, H. GLENN	1.2 NAME	GIGLIOTTI, NICK
STREET ADDRESS	4303 17TH AVE. W.	1.3 STREET ADDRESS	6807 STATE ROAD 70
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON FL 34203
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRAZIK, MIKE	2.2 NAME	DOYLE, DAN
STREET ADDRESS	3526 - 9TH ST. W., STE 'A'	2.3 STREET ADDRESS	1806 38TH AVE E
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON FL 34208
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, BEN T.	3.2 NAME	
STREET ADDRESS	7702 16TH AVENUE NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, DAN	4.2 NAME	BELLEMARE, PIERRE
STREET ADDRESS	1806 38TH AVE. E	4.3 STREET ADDRESS	1511 10TH ST W
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	BRADENTON FL 34205
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, JOHN	5.2 NAME	
STREET ADDRESS	717 - 12TH STREET WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, CHET	6.2 NAME	
STREET ADDRESS	6404 MANATEE AVE W, STE L	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *BEN T. HATCHER* **BEN T. HATCHER** 3-31-97 991-753-0764

CR2E037 (9/96)