

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 9667 BRADENTON FL 34206	Mailing Address 515 - 11TH STREET WEST P.O. BOX 9667 BRADENTON FL 34206
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3. Date Incorporated or Qualified 11/21/1989	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 515 11th Street, West Suite, Apt. #, etc.	2a. Mailing Address 26 515 11th Street West Suite, Apt. #, etc.
22 P. O. Box 9673 City & State	27 P. O. Box 9673 City & State
23 Bradenton, Florida	28 Bradenton, Florida
24 34206 25 USA	29 34206 30 USA

9. Name and Address of Current Registered Agent

DOYLE, DAN
1806 38TH AVE. SE
BRADENTON FL 34206

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTON, H. GLENN	1.2 NAME	Conboy III, Anthony
STREET ADDRESS	4303 17TH AVE. W.	1.3 STREET ADDRESS	819 - 301 Blvd. West
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, Florida 34205
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRAZK, MIKE	2.2 NAME	
STREET ADDRESS	3528 - 9TH ST. W., STE "A"	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, DAN	4.2 NAME	
STREET ADDRESS	1806 38TH AVE. E	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGLIOTTI, NICK	5.2 NAME	
STREET ADDRESS	6807 STATE ROAD 70	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, DAN	6.2 NAME	
STREET ADDRESS	1806 38TH AVE EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* Treasurer March 17, 1998

CFE007 (10/97)