


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90054 001 ****61.25

DOCUMENT # N35311			
1. Entity Name CRIME STOPPERS OF MANATEE COUNTY, INC.			
Principal Place of Business 515 - 11TH STREET WEST PO BOX 9673 BRADENTON, FL 34206 US		Mailing Address 515 - 11TH STREET WEST PO BOX 9673 BRADENTON, FL 34206 US	
2. Principal Place of Business		3. Mailing Address P O Box 9673	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BRADENTON, FL	
Zip	Country	Zip	Country
		34243	
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. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRUNNER, FRANK 8413 41 AVE CIR W BRADENTON, FL 34209		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D/S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, RENEE	NAME	
STREET ADDRESS	101 12TH ST. W.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34205	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRAZIK, MIKE	NAME	W (D) McCAMMON, WAYNE
STREET ADDRESS	3526 - 9TH ST. W., STE "A"	STREET ADDRESS	7855 CIRCUS ROAD
CITY-ST-ZIP	BRADENTON, FL	CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	V/D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURROUGHS, DALE PHD	NAME	LT/D Rowland, Steve
STREET ADDRESS	4608 ORLANDO CIR	STREET ADDRESS	11420 30th COVE EAST
CITY-ST-ZIP	BRADENTON, FL- 34207	CITY-ST-ZIP	PALMISHA, FL 34219
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGLIOTTI, NICK	NAME	
STREET ADDRESS	6807 STATE ROAD 70	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL	CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARTHUR, DAVID	NAME	VICE PRESIDENT (V/D) McARTHUR, DAVID
STREET ADDRESS	3702 26TH ST. W.	STREET ADDRESS	3702 26th ST W
CITY-ST-ZIP	BRADENTON, FL 34205	CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNNER, FRANK	NAME	FRANK BRUNNER
STREET ADDRESS	1312 MANATEE AVE. E.	STREET ADDRESS	909 7th St West
CITY-ST-ZIP	BRADENTON, FL 34208	CITY-ST-ZIP	PALMETTO, FL 34221
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Frank Brunner</u>		Date: <u>4/10/04</u> Daytime Phone #: <u>941-912-1180</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Attachment 44028850



Division of Corporations

Annual Report

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Form and Interview would not accept changes.

Document Number

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Business Entity Name

CRIME STOPPERS OF MANATEE COUNTY, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Attachment

44028850

N35311

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

,

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

,

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

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