

**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 # N44435 (8)**

1. Corporation Name

**MANATEE COUNTY COMMISSION ON HUMAN RELATIONS, INC.**



Principal Place of Business

Mailing Address

1112 MANATEE AVENUE W.  
BRADENTON FL 34205

1112 MANATEE AVENUE W.  
BRADENTON FL 34205

3. Date Incorporated or Qualified **07/25/1991** 3a. Date of Last Report **01/31/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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4. FEI Number **65-0348120** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, S.J. KENNETH**  
1112 MANATEE AVENUE W.  
BRADENTON FL 34205

81 Name **Judith A. Wise**  
82 Street Address (P.O. Box Number is Not Acceptable) **Department of Human Resources**  
83 **1112 Manatee Avenue West**  
84 City **Bradenton** FL 85 Zip Code **34205**

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 Judith A. Wise **Judith A. Wise** 2/1/96  
Signatory typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLASS, PATRICIA</b>	1.2 NAME	
STREET ADDRESS	<b>2560 TARPON ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALMETTO FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIDINGS, DOROTHY S.</b>	2.2 NAME	
STREET ADDRESS	<b>3412 AVENIDA MADERA</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRADENTON FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERBER, LOIS</b>	3.2 NAME	
STREET ADDRESS	<b>6116 11TH AVE. W.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRADENTON FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, S.J. KENNETH</b>	4.2 NAME	
STREET ADDRESS	<b>515 1ST AVENUE E</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRADENTON FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: Dorothy S. Ridings 2/1/96 941/748-0411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)