

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mürtham - Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44435 (8)

1. Corporation Name
MANATEE COUNTY COMMISSION ON HUMAN RELATIONS, INC.

Principal Place of Business: 1112 MANATEE AVENUE W. BRADENTON FL 34205
Mailing Address: 1112 MANATEE AVENUE W. BRADENTON FL 34205-7804

3. Date Incorporated or Qualified: 07/25/1991
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business: 21 1112 Manatee Ave. West, Suite 863, Bradenton, FL 34205
2a. Mailing Address: 26 1112 Manatee Ave. West, Suite, Apt. #, etc. 27 Suite 863, City & State: Bradenton, FL 28
25 Country: 29 34205 30 USA

4. FEI Number: 65-0348120
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
JUDITH A. JOHNSON
DEPARTMENT OF HUMAN RESOURCES
MANATEE AVENUE WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent
81 Name: Judith A. Johnson
82 Street Address (P.O. Box Number is Not Acceptable): Human Resources Dept.
83 1112 Manatee Avenue West, Ste. 863
84 City: Bradenton FL 85 Zip Code: 34205

I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Signature: *Judith A. Johnson* Judith A. Johnson 1/28/97
(NOTE: Registered Agent signature required when reinstating)

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DD Vice Chairman <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, PATRICIA <i>Patricia M. Glass</i>	1.2 NAME	
STREET ADDRESS	2560 TARPON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDINGS, DOROTHY S.	2.2 NAME	
STREET ADDRESS	3412 AVENIDA MADERA	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	DD CHAIRMAN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERBER, LOIS <i>Lois M. Berber</i>	3.2 NAME	
STREET ADDRESS	6116 11TH AVE. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	Secretary & Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Judith A.	4.2 NAME	
STREET ADDRESS	6106 65th Court East	4.3 STREET ADDRESS	
CITY-ST-ZIP	Palmetto, FL <i>Judith A. Johnson</i>	4.4 CITY-ST-ZIP	
TITLE	Member <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Mona Jain	5.2 NAME	
STREET ADDRESS	10309 Braden Run	5.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL	5.4 CITY-ST-ZIP	
TITLE	Member <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Wells	6.2 NAME	
STREET ADDRESS	P O Box 921, 102 Manatee Ave. West	6.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL	6.4 CITY-ST-ZIP	

Staker 2/3/97 92555/013 61.25

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 no block if unchanged.

FILED
97 OCT 21 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA