

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90253 014 ****61.25

0065947

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N44435

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 WEST
 SUITE 863
 BRADENTON FL 34205



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

07/25/1991

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

9. Name and Address of Current Registered Agent

JOHNSON, JUDITH A
 HUMAN RESOURCES DEPT.
 11112 MANATEE AVE. WEST, SUITE 863
 BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVC DELETE

NAME GLASS, PATRICIA
 STREET ADDRESS 2560 TARPON ROAD
 CITY-ST-ZIP PALMETTO FL

TITLE DVC DELETE

NAME GERBER, LOIS
 STREET ADDRESS 6116 11TH AVE. W.
 CITY-ST-ZIP BRADENTON FL

TITLE STD DELETE

NAME JOHNSON, JUDITH A
 STREET ADDRESS 6106 65TH COURT EAST
 CITY-ST-ZIP PALMETTO FL

TITLE M DELETE

NAME JAIN, DR. MONA
 STREET ADDRESS 10309 BRADEN RUN
 CITY-ST-ZIP BRADENTON FL

TITLE M DELETE

NAME WELLS, CRAIG
 STREET ADDRESS 102 MANATEE AVENUE WEST
 CITY-ST-ZIP BRADENTON FL

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 190.07(5)(f), 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, with all other like empowered.

SIGNATURE:

Lois Gerber
SIGNATURE REQUIRED

2/19/99

941/792-7838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)