


FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

| NONPROFIT CORPORATION ANNUAL REPORT 1997  |                        |         |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
|---|------------------------|--|---|---|--|
| <b>DOCUMENT # 764366 (1)</b><br>1. Corporation Name<br><b>THE MANATEE COUNTY SHERIFF'S OFFICE RESERVE, INC</b>  |                        |  |   |   |  |
| Principal Place of Business<br><b>COUNTY COURT HOUSE<br/>POBOX 1045<br/>BRADENTON FL 34206</b>  |                        | Mailing Address<br><b>COUNTY COURT HOUSE<br/>POBOX 1045<br/>BRADENTON FL 34206-1045</b>  |   |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |                        | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |   | 3. Date Incorporated or Qualified<br><b>07/29/1982</b><br>3a. Date of Last Report<br><b>04/19/1996</b><br>4. FEI Number<br><b>65-0050788</b><br>5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>KULCHAR JR., ROBERT A.<br/>3427 36TH AVENUE, EAST<br/>BRADENTON FL 34208</b>  |                        |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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<br>Signature, 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   | PD                     | <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | KULCHAR, ROBERT A JR.  |  | 1.2 NAME  |   |  |
| STREET ADDRESS  | 3427 36TH AVENUE, EAST |  | 1.3 STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | BRADENTON FL           |  | 1.4 CITY-ST-ZIP   |   |  |
| TITLE   | VD                     | <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | TURNER, DAN            |  | 2.2 NAME  |   |  |
| STREET ADDRESS  | 5910 WEST 32ND AVENUE  |  | 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  | STRAIGHT, EDWARD       |  | 3.2 NAME  |   |  |
| STREET ADDRESS  | 2207-AVE B             |  | 3.3 STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | BRADENTON BCH FL       |  | 3.4 CITY-ST-ZIP   |   |  |
| TITLE   | SD                     | <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | KERSEY, DAVID          |  | 4.2 NAME  |   |  |
| STREET ADDRESS  | 6109-62ND TERR. E      |  | 4.3 STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | PALMETTO FL            |  | 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 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 an attachment with an address.

CR2E037 (9/96)