


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **764366** (1)  
1. Corporation Name  
**THE MANATEE COUNTY SHERIFF'S OFFICE RESERVE, INC**

|  |  |
|--|--|
| 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</b> |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>07/29/1982</b>  |  |
| 4. FEI Number<br><b>65-0050788</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KULCHAR JR., ROBERT A.  
3427 36TH AVENUE, EAST  
BRADENTON FL 34206**

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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                      | NAME           |
| NAME                       | STREET ADDRESS |
| CITY - ST - ZIP            |                |
| TITLE                      | NAME           |
| NAME                       | STREET ADDRESS |
| CITY - ST - ZIP            |                |
| TITLE                      | NAME           |
| NAME                       | STREET ADDRESS |
| CITY - ST - ZIP            |                |
| TITLE                      | NAME           |
| NAME                       | STREET ADDRESS |
| CITY - ST - ZIP            |                |
| TITLE                      | NAME           |
| NAME                       | STREET ADDRESS |
| CITY - ST - ZIP            |                |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |
|---|---------------------|
| 1.1 TITLE   | 1.2 NAME            |
| 1.3 STREET ADDRESS                                    | 1.4 CITY - ST - ZIP |
| 2.1 TITLE   | 2.2 NAME            |
| 2.3 STREET ADDRESS                                    | 2.4 CITY - ST - ZIP |
| 3.1 TITLE   | 3.2 NAME            |
| 3.3 STREET ADDRESS                                    | 3.4 CITY - ST - ZIP |
| 4.1 TITLE   | 4.2 NAME            |
| 4.3 STREET ADDRESS                                    | 4.4 CITY - ST - ZIP |
| 5.1 TITLE   | 5.2 NAME            |
| 5.3 STREET ADDRESS                                    | 5.4 CITY - ST - ZIP |
| 6.1 TITLE   | 6.2 NAME            |
| 6.3 STREET ADDRESS                                    | 6.4 CITY - ST - ZIP |

**SD  
Gibson, Sara  
2815 81st Ave E.  
Ellenton, FL 34222**

14. 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 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: **Edward Straight** 4-18-98 (941) 778-6324

CR2E037 (10/97)