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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764366**

1. Corporation Name

THE MANATEE COUNTY SHERIFF'S OFFICE RESERVE, INC

Principal Place of Business

COUNTY COURT HOUSE
POBOX 1045
BRADENTON FL 34206

Mailing Address

COUNTY COURT HOUSE
POBOX 1045
BRADENTON FL 34206



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/29/1982
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0050788
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 34208**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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	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	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	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, SARA	4.2 NAME	SD Webb, Kevin
STREET ADDRESS	2815 81ST AVE E	4.3 STREET ADDRESS	18355 SR 62
CITY-ST-ZIP	ELLENTON FL 34222	4.4 CITY-ST-ZIP	Parrish, FL 34219
TITLE		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		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 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, with all other like empowered.

SIGNATURE: **Edward Straight** DATE: **4-26-99 (91)** PHONE: **778-6324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)