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

03-04-1999 90162 047 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 769415**

1. Corporation Name

**MANATEE COUNTY SAFETY COUNCIL, INC.**

Principal Place of Business

910 19TH AVE. W  
BRADENTON FL 34205

Mailing Address

910 19TH AVE. W  
BRADENTON FL 34205



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/15/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2097996

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, ROBERT C  
5309 4TH AVE. W.  
BRADENTON FL 34209

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  
NAME KOPER, RON  
STREET ADDRESS 1411 9TH STREET W.  
CITY-ST-ZIP BRADENTON FL 34205

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

CP  
Koper, Ron  
600 17th St W  
Palmetto, FL 34221

☒ Change ☐ Addition

TITLE CD  
NAME MCKINNON, MATT  
STREET ADDRESS 1304 27TH AVE. W.  
CITY-ST-ZIP BRADENTON FL 34205

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

CD  
Terrell, Mike  
1112 Manatee Ave W Suite 969  
Bradenton, FL 34205

☐ Change ☒ Addition

TITLE VPD  
NAME THIGPEN, JAMES  
STREET ADDRESS 4100 ELDORADO  
CITY-ST-ZIP BRADENTON FL 34205

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD  
NAME MCELHINEY, HUGH  
STREET ADDRESS 1716 63RD AVE. W.  
CITY-ST-ZIP BRADENTON FL 34243

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PPD  
NAME GETMAN, RON  
STREET ADDRESS 215 CHEVY CHASE DRIVE  
CITY-ST-ZIP SARASOTA FL 34243

☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED  
Ron Koper, Chairman

2-3-99

Date

(941) 723-4580

Daytime Phone #

CR2E037 (1/98)