

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000002692

1. Entity Name
DEVELOPMENTAL CENTER- MANATEE, INC.



Principal Place of Business
**6710 86TH AVE. NORTH
PINELLAS PARK, FL 33782**

Mailing Address
**6710 86TH AVE. NORTH
PINELLAS PARK, FL 33782**



03282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3647396	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HICKS, ANDREW
6710 86TH AVE NORTH
PINELLAS PARK, FL 33782**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000896627
04/25/08-80015-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIBERT, AILSA 1100 PALMA SOLA BLVD. BRADENTON, FL 34209
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HICKS, ANDREW P 6710 86TH AVE NORTH PINELLAS PARK, FL 33782
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVIN, JOHN 2554 68TH AVE SOUTH SAINT PETERSBURG, FL 33712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKELVEY, BRUCE 5200 BRITTANY DR S #1103 ST PETERSBURG, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Andrew P. Hicks

4/21/08

727-541-5716