


FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northcutt</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08076 (4)**  
1. Corporation Name  
**MANATEE ASSOCIATION FOR RETARDED CITIZENS, INC.**



Principal Place of Business <b>616 LEFFINGWELL AVE ELLENTON FL 34222 US</b>	Mailing Address <b>616 LEFFINGWELL AVE ELLENTON FL 34222-2222 US</b>
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3. Date Incorporated or Qualified <b>03/11/1985</b>	3a. Date of Last Report <b>03/30/1996</b>
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21. Principal Place of Business Suite, Apt #, etc.	22. Mailing Address Suite, Apt #, etc.	23. City & State	24. Zip	25. Country	26. P.O. Box 631	27. Suite, Apt #, etc.	28. City & State <b>Ellenton, FL</b>	29. Zip <b>34222-0631</b>	30. Country <b>US</b>
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4. FEI Number <b>59-1450750</b>	Applied For <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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SCHWARTZ, JOHN V  
816 LEFFINGWELL AVENUE  
ELLENTON FL 34222**

10. Name and Address of New Registered Agent

81. Name <b>Ivan Canuteson</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>816 Leffingwell Ave.</b>
83. City <b>Ellenton, FL</b>
84. Zip Code <b>34222</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>LOMBARDO, ROBERT J</b>	
STREET ADDRESS	<b>2385 LANDINGS CIRCLE</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>WHITTY, STANLEY P</b>	
STREET ADDRESS	<b>5448 ASHLEY PARKWAY</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>SIMPSON, RICHARD</b>	
STREET ADDRESS	<b>1001 3RD AVENUE WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>PARTRIDGE, DEBBIE</b>	
STREET ADDRESS	<b>7624 WESTMORELAND DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, JOHN V</b>	
STREET ADDRESS	<b>2320 14TH AVENUE WEST #109</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Past President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Lombardo, Robert</b>	
1.3 STREET ADDRESS	<b>2385 Landings Circle</b>	
1.4 CITY-ST-ZIP	<b>Bradenton, FL 34209</b>	
2.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Whitty, Stanly P.</b>	
2.3 STREET ADDRESS	<b>5448 Ashley Parkway</b>	
2.4 CITY-ST-ZIP	<b>Sarasota, FL 34241</b>	
3.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Dave Branch</b>	
3.3 STREET ADDRESS	<b>929 22nd Street W.</b>	
3.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>	
4.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Kevin Geisler</b>	
4.3 STREET ADDRESS	<b>1001 - 3rd Ave. W. Ste. 350</b>	
4.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>	
5.1 TITLE	<b>CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Ivan Canuteson</b>	
5.3 STREET ADDRESS	<b>9944 Cherry Hills Ave.</b>	
5.4 CITY-ST-ZIP	<b>Bradenton, FL 34202</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_ DAYTIME PHONE # 0062331

CR2E037 (9/96)