

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 AM 10:20

DOCUMENT # **N44435** (8)

1. Corporation Name

**MANATEE COUNTY COMMISSION ON HUMAN RELATIONS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1112 MANATEE AVENUE W.  
BRADENTON FL 34205

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BRADENTON FL 34205

3. Date Incorporated or Qualified **07/25/1991** 3a. Date of Last Report **02/18/1994**

4. FEI Number **65-0348120** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 City & State

27 City & State

7. Nonprofit with 100% Exempt Tax Exempt Status  **\$68.75 Fee Not Required**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, S.J. KENNETH**  
1112 MANATEE AVENUE W.  
BRADENTON FL 34205

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **GLASS, PATRICIA**  
STREET ADDRESS **2560 TARPON ROAD**  
CITY-ST-ZIP **PALMETTO FL**

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

TITLE **D**  
NAME **RIDINGS, DOROTHY S.**  
STREET ADDRESS **3412 AVENIDA MADERA**  
CITY-ST-ZIP **BRADENTON FL**

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

TITLE **D**  
NAME **GERBER, LOIS**  
STREET ADDRESS **6118 11TH AVE. W.**  
CITY-ST-ZIP **BRADENTON FL**

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

TITLE **D**  
NAME **ROGERS, S.J. KENNETH**  
STREET ADDRESS **515 1ST AVENUE E**  
CITY-ST-ZIP **BRADENTON FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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:

*Dorothy S. Ridings*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Dorothy S. Ridings**

**1/26/95** **813/748-0411**  
DATE DAY/MONTH/YEAR TELEPHONE #