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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44435** (8)

1. Corporation Name

MANATEE COUNTY COMMISSION ON HUMAN RELATIONS, IN C.

Principal Place of Business

**1112 MANATEE AVENUE W.
BRADENTON FL 34205**

Mailing Address

**1112 MANATEE AVENUE WEST
SUITE 863
BRADENTON FL 34205**



3. Date Incorporated or Qualified

07/25/1991

4. FEI Number

65-0348120

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution ☐

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, JUDITH A
HUMAN RESOURCES DEPT.
11112 MANATEE AVE. WEST, SUITE 863
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 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

TITLE	DVC	<input type="checkbox"/> DELETE
NAME	GLASS, PATRICIA	
STREET ADDRESS	2560 TARPON ROAD	
CITY-ST-ZIP	PALMETTO FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIDINGS, DOROTHY S.	
STREET ADDRESS	3412 AVENIDA MADERA	
CITY-ST-ZIP	BRADENTON FL	

TITLE	DVC	<input type="checkbox"/> DELETE
NAME	GERBER, LOIS	
STREET ADDRESS	6116 11TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JUDITH A	
STREET ADDRESS	6106 65TH COURT EAST	
CITY-ST-ZIP	PALMETTO FL	

TITLE	M	<input type="checkbox"/> DELETE
NAME	JAIN, DR. MONA	
STREET ADDRESS	10309 BRADEN RUN	
CITY-ST-ZIP	BRADENTON FL	

TITLE	M	<input type="checkbox"/> DELETE
NAME	WELLS, CRAIG	
STREET ADDRESS	102 MANATEE AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

DR. LOIS M. GERBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-98

941/792-7838

CH2E037 (10/97)