## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

## N95000003035 (1) DOCUMENT # 1. Corporation Name

MANATEE COUNTY NEIGHBORHOOD CRIME WATCH COALITIO N/TRIAD INC.

Principal Place	Mailing Address				1 100 (10) d (0 ) d				
6426 ADDING			6426 ADDINGTON PLACE						
UNIVERSITY PARK FL 34201		UNIVERSITY PARK FL 34201				3. Date Incorporated or Qualified 3 06/26/1995	la. Date of Last	Report	
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number 65-0481811	} <del>+</del>	Applied For	
21		26				03-0-01011	Not Applicable  \$8.75 Additional		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	,	Required	
City & State	е	City & State				6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , , ,		
23	Country	28	Zip Country			Trust runo Contribution — Added to rees			
Zip	Country 25	29	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent						10. Name and Address of New Regist	ered Agent		
					Name				
	ON, DAVID		82 Street Addre		Street	idress (P.O. Box Number is Not Acceptable)			
6426 ADDINGTON PLACE UNIVERSITY PARK FL 34201				83					
ONIVER	OHIT PARK TE 07201			84	Ca.,		DE 7	ip Code	
					City		FL   T		
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, for the Spite of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am									
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, Elorida Statutes.									
SIGNATURE Van Common David H. JOhnson VIRECTOR 125 176 Signature, typed or prifted name of registered agent and talk it spylitable. INOTE: Progistered Agent signature regulated when rein sering.									
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12	
TITLE	President	□ DELE TÉ	1.1 Ti	TLE		Director	☐ Change	Addition	
NAME	Mable W. Davis			1.2 NAME		John Sloan			
STREET ADDRESS	STREET ADDRESS 803 - 52nd Ave Plaza W					3608 Garden Lakes Ivy	^		
CITY-ST-ZIP						<u>Bradenton, FL 5420</u>	3 □ Change	☐ Addition	
TITLE	V-President			21 TITLE			☐ Change	L Addition	
NAME OTREET ADDRESS	Wayne Emery			2 2 NAME 2 3 STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	Olos - sach Bereer F			2 4 CITY - ST - ZIP					
TITLE	Bradenton, FL 34202 Secretary			3.1 TITLE			☐ Change	Addition	
NAME	Nancy Potter			3 2 NAME					
STREET ADDRESS	_			3 3 STREET ADDRESS					
CITY-ST-ZIP	Bradenton, FL 34207			3 4. CITY - ST - ZIP			D Observe	T Addition	
TITLE	Treasurer			4.1 TITLE 4.2 NAME			☐ Change	☐ Addition	
NAME DEPERT ADDRESS	Carolyn Wild			4 2 NAME 4 3 STREET ADDRESS					
STREET ADORESS  CITY-ST-ZIP	3751 Lake Bayshore Dr H304 Bradenton, FL 34205			4.4 CITY~ST~ZIP					
TITLE	Director	DELETE		5.1 TITLE			☐ Change	☐ Addition	
NAME	David A. Johnson	ì	5.2 N	5.2 NAME					
STREET ADDRESS	6426 Addubgton F	lace	5.3 \$	TREE	T ADORESS				
CITY - ST - ZIP	University Park,				ST-ZIP		بين بسم	<b></b>	
TITLE	Director	DELETE	6.1 T				Change	Addition	
NAME	Kermit Lemon 305 - 30th Ave U	Ini+ 1063	1	6.2 NAME					
STREET ADDRESS	Bradenton, FL			63 STREET ADDRESS 64 CITY-ST-ZIP					
CITY-ST-ZIP	by partify that the information supplied	with this filing is voluntarily furni	shed and	Idoe	es not au	fy for the exemption stated in Section 119.07(3)	)(k), Florida Stat	utes. 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 Hock 13 if changed, or on an effect ment with an address.									

**SIGNATURE:**