

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 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 # N95000003035 (1)
1. Corporation Name
**MANATEE COUNTY NEIGHBORHOOD CRIME WATCH COALITIO
N, INC.**

Principal Place of Business 6426 ADDINGTON PLACE UNIVERSITY PARK FL 34201	Mailing Address 6426 ADDINGTON PLACE UNIVERSITY PARK FL 34201
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/26/1995
4. FEI Number 65-0481811
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**JOHNSON, DAVID
6426 ADDINGTON PLACE
UNIVERSITY PARK FL 34201**

10. Name and Address of New Registered Agent
81 Name **MABLE W. DAVIS**
82 Street Address (P.O. Box Number is Not Acceptable) **803-52nd Avenue Plaza West**
83 **Bradenton**
84 City **FL** 85 Zip Code **34207**

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 **Mable W. Davis** *Mable W. Davis* 4-6-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABLE W. DAVIS	1.2 NAME	Ralph Barnes
STREET ADDRESS	803 52ND AVE PLZ W	1.3 STREET ADDRESS	2607 - 88th St. E.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE EMERY	2.2 NAME	Nan Potter
STREET ADDRESS	6109 99TH ST. E.	2.3 STREET ADDRESS	620 - 57th Ave. A-5
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY POTTER	3.2 NAME	Remonia Lewis
STREET ADDRESS	620 57TH AVE W A5	3.3 STREET ADDRESS	207 - 60th Ave. E.
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton, FL 34203
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, RALPH	4.2 NAME	Mable W. Davis
STREET ADDRESS	2607 88TH ST. E.	4.3 STREET ADDRESS	803 - 52nd Ave. Plz. W.
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID A. JOHNSON	5.2 NAME	Walter Laak
STREET ADDRESS	6426 ADDUBGTN PL	5.3 STREET ADDRESS	4801 - 18th St. W.
CITY-ST-ZIP	UNIVERSITY PARK FL	5.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAVID	6.2 NAME	James L. Young
STREET ADDRESS	6426 ADDINGTON PLACE	6.3 STREET ADDRESS	6201 U.S. Hwy 41N #2120
CITY-ST-ZIP	UNIVERSITY PARK FL	6.4 CITY-ST-ZIP	Palmetto, FL 34221

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: **Mable W. Davis** *Mable W. Davis* 4-6-98

CR2E037 (1097)

941-756-3043