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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003035

1. Corporation Name

MANATEE COUNTY NEIGHBORHOOD CRIME WATCH COALITION, INC.

Principal Place of Business

6426 ADDINGTON PLACE
 UNIVERSITY PARK FL 34201

Mailing Address

6426 ADDINGTON PLACE
 UNIVERSITY PARK FL 34201



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 803 - 52nd Ave. Plz. W.		06/26/1995	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Bradenton, FL 34207		65-0481811	
24 Country		29 34207-2909		30 USA	
		31 Manatee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

DAVIS, MABLE W.
 803 52ND AVE PLAZA WEST
 BRADENTON FL 34207

10. Name and Address of New Registered Agent

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 Mable W. Davis - Treasurer Mable W. Davis 4-9-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, RALPH	1.2 NAME	James Young
STREET ADDRESS	2607-88TH ST E.	1.3 STREET ADDRESS	6201 U.S. Hwy 41N Box 2238
CITY-ST-ZIP	PALMETTO FL 34221	1.4 CITY-ST-ZIP	Palmetto, FL 34221-9335
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, NAN	2.2 NAME	Frank Morgan
STREET ADDRESS	620 - 57TH AVE A-5	2.3 STREET ADDRESS	4202 - 74th Terr. East
CITY-ST-ZIP	BRADENTON FL 34207	2.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, REMONIA	3.2 NAME	Remonia Lewis
STREET ADDRESS	207-60TH AVE. E.	3.3 STREET ADDRESS	207 - 60th Ave. E.
CITY-ST-ZIP	BRADENTON FL 34203	3.4 CITY-ST-ZIP	Bradenton, FL 34203
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MABLE E.	4.2 NAME	Mable W. Davis
STREET ADDRESS	803-52ND AVE PLZ. W.	4.3 STREET ADDRESS	803 - 52nd Ave Pla W
CITY-ST-ZIP	BRADENTON FL 34207	4.4 CITY-ST-ZIP	Bradenton, FL 34207-2909
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID A. JOHNSON	5.2 NAME	Walter Laak
STREET ADDRESS	6426 ADDUBGTON 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 type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JAMES L.	6.2 NAME	Michael Korsch
STREET ADDRESS	6201 US HWY 41N #2120	6.3 STREET ADDRESS	124 Palm Blvd.
CITY-ST-ZIP	PALMETTO FL 34221	6.4 CITY-ST-ZIP	Parrish, FL 34219

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, with all other like empowered.

SIGNATURE: Mable W. Davis Mable W. Davis 4-9-99 941-756-3043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)