


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90062 001 ****70.00

DOCUMENT # N96000005533					
1. Entity Name CARE NET MANASOTA CRISIS PREGNANCY CENTER, INC.					
Principal Place of Business 5111 26TH STREET WEST BRADENTON, FL 34207 US			Mailing Address 5111 26TH STREET WEST BRADENTON, FL 34207 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0710238	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMILTON, W. SCOTT ESQ. 2400 MANATEE AVE., WEST BRADENTON, FL 34205			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PC	<input checked="" type="checkbox"/> Delete	TITLE	D/VC (VICE-CHAIR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYD, SUZAN F		NAME	PLUM, GARY	
STREET ADDRESS	1211 61ST STREET NW		STREET ADDRESS	5111 26th St W	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, KELLY		NAME	DUNCAN, KELLY	
STREET ADDRESS	5911 RIVERVIEW BLVD. W		STREET ADDRESS	5111 26th St W	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, DARROL		NAME	STRICKLAND, Leshi	
STREET ADDRESS	6610 RIVERVIEW BLVD W		STREET ADDRESS	5111 26th St W	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, STEVE		NAME	RILEY, STEVE	
STREET ADDRESS	1308 85TH ST. CT. NW		STREET ADDRESS	5111 26th St W	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN DERKLOK, ROY		NAME	TOOMBS III, M. ANDY	
STREET ADDRESS	4317 MUIRFIELD DR.		STREET ADDRESS	5111 26th St W	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDY, PARK		NAME	WELDY, PARK	
STREET ADDRESS	6304 BAYSIDE DR.		STREET ADDRESS	5111 26th St W	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	BRADENTON, FL 34207	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Steve Riley</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: STEVE RILEY		Date: 3/30/04 Daytime Phone #: 941-751-1966	