


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90120 024 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000007087					
1. Corporation Name CH OF MANATEE, INC.					
Principal Place of Business 1206 MANATEE AVE. WEST BRADENTON FL 34205			Mailing Address 1206 MANATEE AVE. WEST BRADENTON FL 34205		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/14/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		Applied For	
24 Country		29 Country		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
HARRISON, G. JOSEPH 1206 MANATEE AVE. WEST BRADENTON FL 34205				8.75 Additional Fee Required	
10. Name and Address of New Registered Agent				6. Election Campaign Financing	
81 Name				Trust Fund Contribution	
82 Street Address (P.O. Box Number is Not Acceptable)				5.00 May Be Added to Fees	
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					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
1.5 TITLE					
1.6 NAME					
1.7 STREET ADDRESS					
1.8 CITY-ST-ZIP					
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1.97 TITLE					
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1.99 STREET ADDRESS					
2.00 CITY-ST-ZIP					



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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:

Richard T. Conard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 94-727-4378