

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705008 (1)

1. Corporation Name

ASSOCIATION FOR RETARDED CITIZENS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**411 E. COLLEGE AVENUE
TALLAHASSEE FL 32301**

**411 E. COLLEGE AVENUE
TALLAHASSEE FL 32301**



3. Date Incorporated or Qualified
08/11/1961

3a. Date of Last Report
03/17/1995

4. FEI Number
59-0830741

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SCHUH, CHRIS
411 E. COLLEGE AVENUE
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 or officer or director)

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
SANSON, DIXIE**
STREET ADDRESS **110 BARTON AVENUE**
CITY - ST - ZIP **ROCKLEDGE FL**

TITLE ☐ DELETE

NAME **TD
PAUL BRUNS**
STREET ADDRESS **200 S. BANANA RIVER BLVD**
CITY - ST - ZIP **COCOA BEACH FL 32931**

TITLE ☐ DELETE

NAME **SD
CONNIE TATUM**
STREET ADDRESS **3002 W. PATTERSON**
CITY - ST - ZIP **TAMPA FL 33614**

TITLE ☐ DELETE

NAME **PD
WIENER, LARRY**
STREET ADDRESS **411 E COLLEGE AVE**
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **D
SCHUH, CHRIS**
STREET ADDRESS **411 E COLLEGE AVE.**
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

Distance Phone #

CR2E037 (12/95)