2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705008

FILED Jan 06, 2004 Secretary of State

Entity Name: ASSOCIATION FOR RETARDED CITIZENS OF FLORIDA, INC.

Current Principal Place of Business:				New Principal Place of Business:			
411 E. COLLEGE AVENUE TALLAHASSEE, FL 32301				2898 MAHAN DRIVE SUITE 1 TALLAHASSEE, FL 32308			
Current Mailing Address:				New Mailing Address:			
411 E. COLLEGE AVENUE TALLAHASSEE, FL 32301				2898 MAHAN DRIVE SUITE 1 TALLAHASSEE, FL 32308			
FEI Number:	59-0830741	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address o	of New Registered Agent:	
HALL, JOHN 411 EAST COLLEGE AVE TALLAHASSEE, FL 32301 US				HALL, JOHN 2898 MAHAN DRIVE SUITE 1 TALLAHASSEE, FL 32308 US			
The above in the State		ubmits this statement for the pu	irpose o	f changing it	ts registere	ed office or registered agent, or both,	
SIGNATURE:				01/06/2004			
	Electronic	Signature of Registered Agen	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DPP () [DIRIENZO, JOHN 7194 HOILDAY [SPRING HILL, FI	DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () I WALKER, WAND 392 SOUTH BLV MACCLENNY, FL	D EAST		Title: Name: Address: City-St-Zip:	PD BOWLING, 1861 EDGE MT. DORA,	EWATER DRIVE	
Title: Name: Address: City-St-Zip:	D ()E HALL, JOHN 411 E COLLEGE TALLAHASSEE,			Title: Name: Address: City-St-Zip:		(X) Change () Addition N NN DRIVE, SUITE 1 SEE, FL 32308	
Title: Name: Address: City-St-Zip:	TD () EBOWLING, J 1861 EDGEWAT MOUNT DORA, F			Title: Name: Address: City-St-Zip:		(X) Change () Addition AVID ON AVENUE ON BEACH, FL 32547	
Title: Name: Address: City-St-Zip:	DS () I ROODE, LYNDA 4465 31TH PLAC VERO BEACH, F			Title: Name: Address: City-St-Zip:		(X) Change () Addition /NDA PLACE SW CH, FL 32968	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HALL D 01/06/2004