2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# 705008

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

Current Principal Place of Business:

2898 MAHAN DRIVE
SUITE 1
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2898 MAHAN DRIVE
SUITE 1
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-0830741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, JOHN
2898 MAHAN DRIVE
SUITE 1
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPP ( ) Delete
Name: DIRIENZO, JOHN
Address: 7194 HOILDAY DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: PD ( ) Delete
Name: BOWLING, J
Address: 1861 EDGEWATER DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Delete
Name: HALL, JOHN
Address: 2898 MAHAN DRIVE, SUITE 1
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete
Name: MILLER, DAVID
Address: 123 TRUXTON AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: DS ( ) Delete
Name: ROODE, LYNDA
Address: 4465 11TH PLACE SW
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: SMITH, MAVIS
Address: 1335 SOUTH BOULEVARD
City-St-Zip: CHIPLEY, FL 32428

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 01/06/2005

Electronic Signature of Signing Officer or Director — Date