2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
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:

LINTON, DEBORAH
2898 MAHAN DRIVE
SUITE 1
TALLAHASSEE, FL 32308 US

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: DEBORAH LINTON 01/07/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPP ( ) Delete
Name: DIRIENZO, JOHN
Address: 3090 POLK AVENUE
City-St-Zip: SPRING HILL, FL 34609

Title: PD ( ) Delete
Name: YOUNG, PATRICIA
Address: 5955 OSPREY PLACE
City-St-Zip: PENSACOLA, FL 32504

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

Title: TD ( ) Delete
Name: JOHNSON, DEBBIE
Address: 5310 HAMPTON GABLE COURT WEST
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: LANGDON, JACK
Address: 1093 A1A BEACH BLVD
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

Title: PREV (X) Change ( ) Addition
Name: YOUNG, PATRICIA
Address: 5955 OSPREY PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: ED (X) Change ( ) Addition
Name: LINTON, DEBORAH
Address: 2898 MAHAN DRIVE, SUITE 1
City-St-Zip: TALLAHASSEE, FL 32308

Title: TRES (X) Change ( ) Addition
Name: DIRIENZO, JOHN
Address: 3090 POLK AVENUE
City-St-Zip: SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEBORAH LINTON ED 01/07/2008
Electronic Signature of Signing Officer or Director Date