## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 14, 2003 8:00 am Secretary of State

1/28

latement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

Fee Required

DOCUMENT # 70500  1. Entity Name ASSOCIATION FOR RETARDED CL C.			01-28-2003 9007 2 040
Principal Place of Business 411 E. COLLEGE AVENUE TALLAHASSEE FL 32301	Mailing Address 411 E. COLLEGE AVENUE TALLAHASSEE FL 32301	,	
2. Principal Place of Business	3. Mailing Address		I YOOKI JOOK Sarov Alak ookk salok loki jaak ojan ojalk olon bakk bidi bakk olon bakk olon bakk
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State	City & State		4. FEI Number 59-0830741 Applied Not App
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additions

HALL, JOHN 411 EAS COLLEGE AVENEU TALLAHASSEE FL 32301

6. Name and Address of Current Registered Agent

Zip

8. The above named entity soory the obligations of regis

Maille	·		
Street	Address (P.O. Box Number is No	t Acceptable)	
L) II	East College	Avenue	
City	Char Conege	CI CI	Zip Code

7. Name and Address of New Registered Agent

-}	$\mathcal{A} - (-\mathcal{A} \mathcal{M} \mathcal{L})$				1/24/03			
SIGNATURE	Signature exped or printed name of registered agent and title if applic	able. (NOTE: Re	egistered Agent signatu	re required when reinstating)	DATE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution. Added to Fees		Make Check Payable to Florida Department of State			
	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DI		10	ন
10.	OFFICERS AND BILLEGIOLE	☐ Delete	TITLE D	Past President	•	🔂 Change	Addition	Š
TITLE	DIRIENZO, JOHN		NAME	•			Ī	٤
NAME STREET ADDRESS			STREET ADDRESS					037
CITY-ST-ZIP	SPRING HILL FL 34606		CITY-ST-ZIP					CR2E037 (10/02)
	PD PD	Delete	IIILE D	President		Change	X Addition	띵
TITLE	EVANS, JIM	ES DOIGIO	NAME	wanda walker				
NAME STREET ADDRESS	3009 BLACKSHEAR AVE.		STREET ADDRESS	392 South Blvd	1. East			l
CITY-ST-ZIP	PENSACOLA FL 32503		CITY-ST-ZIP	Maccienny : FL	orida. 32063		<del>-</del>	
	n.	Delete	TITLE			Change Change	Addition	\
TITLE	HALL JOHN	CI Docto	NAME					
NAME STREET ADDRESS	1	•	STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP	32301				ł
	T	<b>∑</b> Delete	TITLE D	Treasurer		Change	Addition	
TITLE NAME	MILLER, DAVID		NAME	J Bowling	500.0			
STREET ADDRESS			STREET ADDRESS	1861 Edgewate	er brive			1
CITY-ST-ZIP	FT WALTON BEACH FL 32549		CITY-ST-ZIP	Mt. Dora, Flor	ida- 32757			1
	S	Delete	TITLE D	Secretary		Change	Addition	1
TITLE	GONZALEZ, ANNE	<b>CONTRACT</b>	NAME	Lynda Roode	C)+/			l
NAME STREET ADDRESS	1		STREET ADDRESS	WILES SIE Place		_		-
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	Vero Beach, F	<u>lorida 3296</u>			ł
TITLE	1 / Lin 10 to	☐ Delete	TIFLE		•	Change	Addition	
NAME		-	NAME					1
STREET ADDRESS	s		STREET ADDRESS					-
CITY-ST-ZIP			CITY-ST-ZIP		<u>-</u>			1

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I turther certify that the information 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 powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supply indicated on this report or supplemental to of the corporation or the recei changed, or on an attach

SIGNATURE: