


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706582 (4)
1. Corporation Name
THE UPPER PINELLAS ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business 1501 N. BELCHER ROAD CLEARWATER FL 34625	Mailing Address 1501 N. BELCHER ROAD CLEARWATER FL 34625-1339
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/20/1963	3a. Date of Last Report 01/31/1996
4. FEI Number 59-1056551		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BUCKLEY, THOMAS J.
1501 N. BELCHER ROAD
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	M	<input type="checkbox"/> DELETE
NAME	BUCKLEY, THOMAS	
STREET ADDRESS	6204 BROOK HOLLOW CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GAMBLE, CHARLES	
STREET ADDRESS	1722 HICKORY GATE DR S	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GAMBLE, CHARLES	
STREET ADDRESS	1722 HICKORY GATE DR S.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMIESON, HARRY	
STREET ADDRESS	301 JASMINE WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, MARION P.	
STREET ADDRESS	1884 OAKDALE LANE N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHAEFER, JOHN	
STREET ADDRESS	P.O. BOX 1368	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)