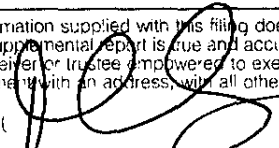


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # 706582 1. Entity Name THE UPPER PINELLAS ASSOCIATION FOR RETARDED CITIZENS, INC.					
Principal Place of Business 1501 N. BELCHER ROAD CLEARWATER FL 33765			Mailing Address 1501 N. BELCHER ROAD CLEARWATER FL 33765		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1st MOORE CR2E037 (10/07)	
4. FEI Number: 59-1056551				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCKLEY, THOMAS J. 1501 N. BELCHER ROAD CLEARWATER FL 33765			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-stating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BUCKLEY, THOMAS 6204 BROOK HOLLOW CT TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UN00000857239 ☐ Change ☐ Addition 03/31/08-80005-016 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKMAN, MARJORIE 1471 BAYVIEW DRIVE CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOCK, GREGORY PO BOX 1038 CRYSTAL BEACH FL 34681	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMIESON, HARRY 301 JASMINE WAY CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CULHANE, WILLIAM 1707 DONCASTER RD CLEARWATER FL 33764	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Thomas J. Buckley 2-27-08 (727) 799-3330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					