

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:46

DOCUMENT # 729251 (9)

1. Corporation Name

ASSOCIATION FOR RETARDED CITIZENS OF PUTNAM COUNTY, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1974	3a. Date of Last Report 01/24/1994
4. FEI Number 59-1550224	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
1209 WESTOVER DR PALATKA FL 32177-5329		1209 WESTOVER DR PALATKA FL 32177-5329	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	25
Country	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITTAKER, JIM 1209 WESTOVER DR PALATKA FL 32077				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
		FL	85	Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORODE, WILLIAM E.	1.2 NAME	
STREET ADDRESS	257 RIVER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, CARL	2.2 NAME	
STREET ADDRESS	195 HORSEMANS CLUB ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIGGERS, DOT	3.2 NAME	
STREET ADDRESS	E. RIVER RD, PO BOX 72	3.3 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTBURY, RICHARD	4.2 NAME	
STREET ADDRESS	4801 ST. JOHNS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALIQUETTE, HENRY	5.2 NAME	
STREET ADDRESS	RT. 2, BOX 89	5.3 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, MARILYN	6.2 NAME	
STREET ADDRESS	3202 CRILL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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.

SIGNATURE: William E. Torode 1-19-95 904 325-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Home #