FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 2-14-96 B

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

DOCUMENT # 729251 (9)

1. Corporation Name

ASSOCIATION FOR RETARDED CITIZENS OF PUTNAM COUN TY, INC.

Principal Place of Business	Mailing Address
1209 WESTOVER DR PALATKA FL 32177-5329	1209 WESTOVER DR PALATKA FL 32177-5329

3. Date Incorporated or Qualified: 04/02/1974

3a. Date of Last Report: 01/30/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-1550224 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITTAKER, JIM
1209 WESTOVER DR
PALATKA FL 32077

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	TORODE, WILLIAM E.		12 NAME	
STREET ADDRESS	257 RIVER DR		13 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL		14 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, CARL		22 NAME	
STREET ADDRESS	195 HORSEMANS CLUB ROAD		23 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177		24 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DRIGGERS, DOT		32 NAME	
STREET ADDRESS	E. RIVER RD, PO BOX 72		33 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WESTBURY, RICHARD		42 NAME	
STREET ADDRESS	4801 ST. JOHNS AVENUE		43 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL		44 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	VALIQUETTE, HENRY		52 NAME	
STREET ADDRESS	RT. 2, BOX 89		53 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☒ Change ☐ Addition
NAME	NICHOLSON, MARILYN		62 NAME	
STREET ADDRESS	3202 CRILL AVE		63 STREET ADDRESS	Rt. 5 Box 2003
CITY-ST-ZIP	PALATKA FL 32177		64 CITY-ST-ZIP	Palatka, FL 32178-2003

CR2E037 (12/95)

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 119.07(3)(k), 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 2/6/96 904 325-2269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #