

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **734658** (8)  
1. Corporation Name  
**PALM BEACH COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.**



Principal Place of Business: 1201 AUSTRALIAN AVE. RIVIERA BEACH FL 33404  
Mailing Address: 1201 AUSTRALIAN AVE. RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified: 12/22/1975  
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 59-0883386  
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  
**LAIRD, JOYCE W.  
1201 AUSTRALIAN AVE.  
RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOWMAN, DARI	
STREET ADDRESS	1201 AUSTRALIAN AVE	
CITY-ST-ZIP	RIVIERA BCH FL	
TITLE	<del>VPD</del>	<input type="checkbox"/> DELETE
NAME	MIRKIN, MARK	
STREET ADDRESS	1201 AUSTRALIAN AVENUE	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, BARBARA	
STREET ADDRESS	1201 AUSTRALIAN AVENUE	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BLASH, TRICIA	
STREET ADDRESS	1201 AUSTRALIAN AVE	
CITY-ST-ZIP	RIVIERA BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BLOCK, LANCE	
STREET ADDRESS	1201 AUSTRALIAN AVENUE	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAIRD, JOYCE	
STREET ADDRESS	1201 AUSTRALIAN AVE.	
CITY-ST-ZIP	RIVIERA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bowman, Dari	
1.3 STREET ADDRESS	1201 Australian Ave	
1.4 CITY-ST-ZIP	Riviera Beach FL	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mirkin, Mark	
2.3 STREET ADDRESS	1201 Australian Avenue	
2.4 CITY-ST-ZIP	Riviera Beach FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Osborne, Arthur E., III	
3.3 STREET ADDRESS	1201 Australian Avenue	
3.4 CITY-ST-ZIP	Riviera Beach FL	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McMillan, Andrea	
4.3 STREET ADDRESS	1201 Australian Avenue	
4.4 CITY-ST-ZIP	Riviera Beach FL	
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		

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: *Sandra B. Mortham* 4-18-96 407-842-3213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)