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FILED

Mar 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06132 (7)

1. Corporation Name

ADVOCATES FOR INSURING RETARDATE ENTITLEMENTS,
INC.

Principal Place of Business

Mailing Address

1633 S. BELCHER RD.
CLEARWATER FL 34624P.O. BOX 6635
CLEARWATER FL 34618-66353. Date Incorporated or Qualified
11/13/19843a. Date of Last Report
04/24/1996

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

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROW LAWRENCE D.
1266 SO PINELLAS AVE.
TARPON SPRINGS FL 34689

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOSSBERG, AUDRE	
STREET ADDRESS	958 BAYSHORE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEINBRUCHEL, ARMANDO	
STREET ADDRESS	820 123RD AVENUE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, DONALD	
STREET ADDRESS	1101 CANTERBURY RD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, RUSSELL	
STREET ADDRESS	1047 DUNROBIN DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, MARIE	
STREET ADDRESS	10519 N 98 ST	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMMONS, NANCY	
STREET ADDRESS	2050 Coronet Lane	
CITY-ST-ZIP	Clearwater, Florida 34624	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CULBERTSON, CAROL	
1.3 STREET ADDRESS	1623 Flagstone Court	
1.4 CITY-ST-ZIP	Clearwater, Florida 34616	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VICKY ELLERMAN	
4.3 STREET ADDRESS	2544 Stillwater Court	
4.4 CITY-ST-ZIP	Palm Harbor, Florida 34684	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Judy K. Senick	
5.3 STREET ADDRESS	12551 Frank Drive North	
5.4 CITY-ST-ZIP	Seminole, Florida 33776	
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 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.

SIGNATURE:

Audrey K. Senick

3/2/97

813-595-6652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00637023

CR2E037 (9/96)