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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06132** (7)

1. Corporation Name

ADVOCATES FOR INSURING RETARDATES ENTITLEMENTS, INC.

Principal Place of Business

Mailing Address

**1633 S. BELCHER RD.
CLEARWATER FL 34624**

**P.O. BOX 6635
CLEARWATER FL 34618-6635**

3. Date Incorporated or Qualified

11/13/1984

4. FEI Number

59-2466322

Applied For

Not Applicable

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 Lawrence D. Crow

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** ☐ DELETE

NAME **CULBERTSON, CAROL**
STREET ADDRESS **1623 FLAGSTONE COURT**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VD** ☐ DELETE

NAME **STEINBRUCHEL, ARMANDO**
STREET ADDRESS **820 123RD AVENUE**
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **PD** ☐ DELETE

NAME **LEWIS, DONALD**
STREET ADDRESS **1101 CANTERBURY RD**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** ☐ DELETE

NAME **ELLERMAN, VICKI**
STREET ADDRESS **2544 STILLWATER COURT**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **SD** ☐ DELETE

NAME **SENICK, JUDY K**
STREET ADDRESS **12551 FRANK DRIVE NORTH**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I 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: Vicki L. Ellerman, Treas. 4-4-98 (813) 785-4942

CR2E037 (10/97)