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

APPROVED AND FILED
95 APR 27 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06132 (7)

1. Corporation Name
ADVOCATES FOR INSURING RETARDATES ENTITLEMENTS, INC.

DO NOT WRITE IN THIS SPACE

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
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2466322 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CROW, LAWRENCE D.
620 E. TARPON AVE.
TARPON SPRINGS FL 34689

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 607.0502 and 607.1508, 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 607.0505, 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	VD	1.1 TITLE		☐ Change ☑ Addition
NAME	MOSSBERG, AUDRE	1.2 NAME		
STREET ADDRESS	959 BAYSHORE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	Zip 34689	
TITLE	VD	2.1 TITLE		☐ Change ☑ Addition
NAME	STEINBRUCHEL, ARMANDO	2.2 NAME		
STREET ADDRESS	820 123RD AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	2.4 CITY-ST-ZIP	Zip 33706	
TITLE	PD	3.1 TITLE		☐ Change ☑ Addition
NAME	LEWIS, DONALD	3.2 NAME		
STREET ADDRESS	1101 CANTERBURY RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Zip 34624	
TITLE	TD	4.1 TITLE		☐ Change ☑ Addition
NAME	TAYLOR, RUSSELL	4.2 NAME		
STREET ADDRESS	1047 DUNROBIN DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Zip 34684	
TITLE	SD	5.1 TITLE	S/D	☑ Change ☐ Addition
NAME	O'ROURKE, EMILY	5.2 NAME	Brown, Marie	
STREET ADDRESS	1039 S POINT ALEXIS DR	5.3 STREET ADDRESS	10519-98th Street No.	
CITY-ST-ZIP	TARPONS SPRINGS FL	5.4 CITY-ST-ZIP	Largo, FL. 34643	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Russell Taylor Russell Taylor 4/20/95 (813) 784-7107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Telephone Number

0066314