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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

9. **Name and Address of Current Registered Agent**

CROW LAWRENCE D.
1266 SO PINELLAS 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 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	VD	☒ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	MOSSBERG, AUDRE		1.2 NAME	CULBERTSON, CAROL	
STREET ADDRESS	958 BAYSHORE DRIVE		1.3 STREET ADDRESS	1623 Flagstone Court	
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP	Clearwater, Florida 34616	
TITLE	VD	☐ DELETE	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		
TITLE	D	☐ DELETE	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		
TITLE	D	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	TAYLOR, RUSSELL		4.2 NAME	VICKY ELLERMAN	
STREET ADDRESS	1047 DUNROBIN DRIVE		4.3 STREET ADDRESS	2544 Stillwater Court	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	Palm Harbor, Florida 34684	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	BROWN, MARIE		5.2 NAME	Judy K.Senick	
STREET ADDRESS	10519 N 98 ST		5.3 STREET ADDRESS	12551 Frank Drive North	
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	Seminole, Florida 33776	
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, NANCY		6.2 NAME		
STREET ADDRESS	2050 Coronet Lane		6.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, Florida 34624		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Judy K. Senick 3/2/97 813-595-6652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067033