

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06132

FILED
Jan 10, 2005
Secretary of State

Entity Name: ADVOCATES FOR INSURING RETARDATES ENTITLEMENTS, INC.

Current Principal Place of Business:

2050 CORONET LA
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6635
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-2466322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, PAT
Address: 1434 HILL DR
City-St-Zip: LARGO, FL 33770

Title: PD () Delete
Name: SIMMONS, NANCY
Address: 2050 CORONET LANE
City-St-Zip: CLEARWATER, FL 33764

Title: T () Delete
Name: STEINBRUCHEL, ARMANDO
Address: 820 123RD AVE
City-St-Zip: TREASURE ISLAND, FL

Title: D () Delete
Name: WATKINS, MARGARET
Address: 6665 10TH AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: D () Delete
Name: D'AURIA, JOAN
Address: 7570 46TH AVE #123
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY SIMMONS

PD

01/10/2005

Electronic Signature of Signing Officer or Director

Date