2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N06132

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

Principal Place of Business	Mailing Address
2050 CORONET LA CLEARWATER, FL 33764 US	P. O. BOX 6635 CLEARWATER, FL 33758 US

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01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2466322
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000585825
01/16/07-80021-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, PAT
STREET ADDRESS	1434 HILL DR
CITY-ST-ZIP	LARGO, FL 33770
TITLE	PD
NAME	SIMMONS, NANCY
STREET ADDRESS	2050 CORONET LANE
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	T
NAME	STEINBRUCHEL, ARMANDO
STREET ADDRESS	820 123RD AVE
CITY-ST-ZIP	TREASURE ISLAND, FL
TITLE	D
NAME	WATKINS, MARGARET
STREET ADDRESS	6665 10TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	D
NAME	D'AURIA, JOAN
STREET ADDRESS	7570 46TH AVE #123
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Steinbruchel JAN/8/2007 727 360-6830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A. STEINBRUCHEL TREASURER paid $61.25 1/8/07 #421