

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06132

**FILED**  
**Jan 29, 2012**  
**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:**

2050 CORONET LANE  
CLEARWATER, FL 33764 US

**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: VP/D  
Name: CULBERTSON, CAROL  
Address: 1623 FLAGSTONE COURT  
City-St-Zip: CLEARWATER, FL 33756

Title: P/D  
Name: SIMMONS, NANCY  
Address: 2050 CORONET LANE  
City-St-Zip: CLEARWATER, FL 33764

Title: S/D  
Name: DESLANDES, CHRISTINE  
Address: 6068 - 3RD AVE N  
City-St-Zip: ST PETERSBURG, FL 33710

Title: T/D  
Name: FITZPATRICK, WANDA  
Address: 966 CROSLEY DR  
City-St-Zip: DUNEDIN, FL 34698

I hereby 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 all other like empowered.

SIGNATURE: WANDA FITZPATRICK

T/D

01/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date