

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06132

**Entity Name:** ADVOCATES FOR INSURING RETARDATE ENTITLEMENTS, INC.

**FILED**  
**Feb 11, 2013**  
**Secretary of State**  
**CC3185238861**

**Current Principal Place of Business:**

2050 CORONET LANE  
CLEARWATER, FL 33764

**Current Mailing Address:**

P. O. BOX 6635  
CLEARWATER, FL 33758 US

**FEI Number: 59-2466322**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title VP/D  
Name CULBERTSON, CAROL  
Address 1623 FLAGSTONE COURT  
City-State-Zip: CLEARWATER FL 33756  
  
Title S/D  
Name DESLANDES, CHRISTINE  
Address 6068 - 3RD AVE N  
City-State-Zip: ST PETERSBURG FL 33710

Title P/D  
Name SIMMONS, NANCY  
Address 2050 CORONET LANE  
City-State-Zip: CLEARWATER FL 33764  
  
Title T/D  
Name FITZPATRICK, WANDA  
Address 966 CROSLEY DR  
City-State-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**

**TREASURER**

**02/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date