

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 703784 (9)
1. Corporation Name
ASSOCIATION FOR RETARDED CITIZENS - VOLUSIA, INC



Principal Place of Business Mailing Address
100 JIMMY HUGER CIR.
P.O. BOX 9658
DAYTONA BEACH FL 32117-5108
100 JIMMY HUGER CIR.
P.O. BOX 9658
DAYTONA BEACH FL 32117-5108

3. Date Incorporated or Qualified 03/23/1962 3a. Date of Last Report 02/08/1995
4. FEI Number 59-1035137 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

GABRIEL, K. EUGENE
141 BRANDY HILLS DR.
PORT ORANGE FL 32019

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE V ☐ DELETE
NAME THAYER, DONALD
STREET ADDRESS 6 FOUNTAINBLEAU CIR
CITY-ST-ZIP DAYTONA BCH FL
TITLE T ☐ DELETE
NAME ALBERT, GAULT
STREET ADDRESS 5 HIGHLAND OAKS
CITY-ST-ZIP ORMOND BEACH FL
TITLE P ☒ DELETE
NAME HEISE, FRED
STREET ADDRESS 105 CUNNINGHAM DR
CITY-ST-ZIP NEW SMYRNA BEACH FL
TITLE D ☐ DELETE
NAME SHELLEY, JOHN
STREET ADDRESS 2204-A S PENINSULA DR
CITY-ST-ZIP DAYTONA BEACH FL
TITLE D ☐ DELETE
NAME GABRIEL, K EUGENE
STREET ADDRESS 141 BRANDY HILLS DR
CITY-ST-ZIP PT ORANGE FL
TITLE S ☒ DELETE
NAME CUELLAR, DORA C
STREET ADDRESS 1436 S. PENINSULA DR
CITY-ST-ZIP DAYTONA BEACH FL 32118

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME PRESIDENT
3.3 STREET ADDRESS EDWARDS, GWEN AZAMA
3.4 CITY-ST-ZIP 104 WATER TURKEY CT
DAYTONA BEACH, FL 32119
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☒ Addition
6.2 NAME SECRETARY
6.3 STREET ADDRESS SLADE, KATHY
6.4 CITY-ST-ZIP 2894 MALIBU CT
DAYTONA BEACH, FL 32114

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXEC. DIRECTOR

1-23-96

904-274-4796

Date

Daytime Phone #

CR2E037 (12/95)