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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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: 01/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	THAYER, DONALD		1.2 NAME	THAYER DONALD	
STREET ADDRESS	6 FOUNTAINBLEAU CIR		1.3 STREET ADDRESS	6 FOUNTAINBLEAU CIR	
CITY-ST-ZIP	DAYTONA BCH FL		1.4 CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	T	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	ALBERT, GAULT		2.2 NAME	LAGONI, PATRICIA	
STREET ADDRESS	5 HIGHLAND OAKS		2.3 STREET ADDRESS	131 MUIRFIELD DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	P	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, GWEN AZAMA		3.2 NAME		
STREET ADDRESS	104 WATER TURKEY CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHELLEY, JOHN		4.2 NAME		
STREET ADDRESS	2204-A S PENINSULA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GABRIEL, K EUGENE		5.2 NAME		
STREET ADDRESS	141 BRANDY HILLS DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PT ORANGE FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SLADE, KATHY		6.2 NAME		
STREET ADDRESS	2894 MALIBU CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: K. Eugene Gabriel K. EUGENE GABRIEL DIR. 1/9/97 904-274-4786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0002194