

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90016 050 \*\*\*\*70.00

**DOCUMENT # 703784**

1. Entity Name

**ASSOCIATION FOR RETARDED CITIZENS - VOLUSIA, INC.**



Principal Place of Business

100 JIMMY HUGER CIR.  
P.O. BOX 9658  
DAYTONA BEACH FL 32117-5108

Mailing Address

100 JIMMY HUGER CIR.  
P.O. BOX 9658  
DAYTONA BEACH FL 32117-5108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1035137

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLL, DANIEL O  
100 JIMMY HUGER CIR  
DAYTONA BCH FL 32117

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ~~608~~  
NAME CALISE, DOROTHY ☐ Delete  
STREET ADDRESS 545 SEAWINDS CIRCLE  
CITY-ST-ZIP PONCE INLET FL 32124

TITLE T  
NAME KENNEDY, ADAM ☐ Delete  
STREET ADDRESS 112 TERN CT.  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D  
NAME TOBLER, JOANNE ☒ Delete  
STREET ADDRESS 2550 CHERANGELA COURT  
CITY-ST-ZIP DELAND FL 32720

TITLE D  
NAME GABRIEL, K EUGENE ☐ Delete  
STREET ADDRESS 141 BRANDY HILLS DR  
CITY-ST-ZIP PT ORANGE FL

TITLE S  
NAME KACZYNSKI, MARGIE ☐ Delete  
STREET ADDRESS 682 BRANCH DR  
CITY-ST-ZIP PT ORANGE FL 32127-3808

TITLE S  
NAME SNYDER, JIM ☐ Delete  
STREET ADDRESS 2041 ANCHOR AVENUE  
CITY-ST-ZIP DELAND FL 32721

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DIRECTOR  
NAME RICE, RICHARD ☐ Change ☒ Addition  
STREET ADDRESS 9 PALMETTO DUNES CT  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CHAIRMAN OF BOARD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 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:**

*Daniel O. Roll*

**DANIEL O. ROLL, President**

**1-21-04**

**386-274-4736**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #