


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90061 005 \*\*\*\*70.00

<b>DOCUMENT # 703784</b> 1. Entity Name <b>ASSOCIATION FOR RETARDED CITIZENS - VOLUSIA, INC.</b>					
Principal Place of Business <b>100 JIMMY HUGER CIR. P.O. BOX 9658 DAYTONA BEACH FL 32117-5108</b>			Mailing Address <b>100 JIMMY HUGER CIR. P.O. BOX 9658 DAYTONA BEACH FL 32117-5108</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1035137</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROLL, DANIEL O 100 JIMMY HUGER CIR DAYTONA BCH FL 32117</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>GALISE, DOROTHY</del>	NAME	<b>DIRECTOR REDIGAN, JOHN</b>		
STREET ADDRESS	<del>545 SEAWINDS CIRCLE</del>	STREET ADDRESS	<b>2901 NORTH HALIFAX AVE #205</b>		
CITY-ST-ZIP	<del>RONCE INLET FL 32124</del>	CITY-ST-ZIP	<b>DAYTONA BEACH, FL. 32118</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KENNEDY, ADAM</b>	NAME			
STREET ADDRESS	<b>112 TERN CT.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>RICE, RICHARD</b>	NAME	<b>CHAIRMAN OF BOARD</b>		
STREET ADDRESS	<b>9 PALMETTO DUNES CT</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>GABRIEL, K EUGENE</del>	NAME	<b>DIRECTOR GORDNER BRADLEY</b>		
STREET ADDRESS	<del>141 BRANDY HILLS DR</del>	STREET ADDRESS	<b>50 CONCORD DRIVE</b>		
CITY-ST-ZIP	<del>PT ORANGE FL</del>	CITY-ST-ZIP	<b>ORMOND BEACH, FL 32176</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KACZYNSKI, MARGIE</b>	NAME	<b>DIRECTOR</b>		
STREET ADDRESS	<b>682 BRANCH DR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PT ORANGE FL 32127-3808</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SNYDER, JIM</b>	NAME	<b>DIRECTOR</b>		
STREET ADDRESS	<b>2041 ANCHOR AVENUE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DELAND FL 32721</b>	CITY-ST-ZIP			
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.					
<b>SIGNATURE:</b> <u>Daniel O. Roll</u> <b>DANIEL O. ROLL</b> <u>2/15/05</u> <u>386 2744736</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					