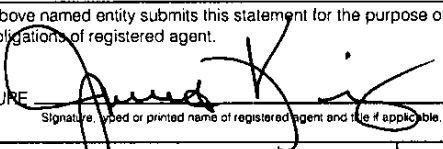
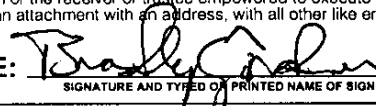


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90026 004 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1035137	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROLL, DANIEL O 100 JIMMY HUGER CIR DAYTONA BCH, FL 32117			7. Name and Address of New Registered Agent Name JAMES KING Street Address (P.O. Box Number is Not Acceptable) 100 Jimmy Huger Circle City DAYTONA BEACH FL Zip Code 32117		
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  JAMES KING DATE 7-6-06 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$61.25 Due by September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDIGAN, JOHN 2901 NORTH HALIFAX AVE #205 DAYTONA BEACH, FL 32118	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR ELECT NIELAN, KELLIE 469 RIVER BROSSE DR DAYTONA BEACH, FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNEDY, ADAM 112 TERN CT. DAYTONA BEACH, FL 32114	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IMMEDIATE PAST CHAIR BOSCH, TOM 709 HUNSEL HILL RD PORT ORANGE, FL 32127	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB RICE, RICHARD 9 PALMETTO DUNES CT ORMOND BEACH, FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, GORDNER 50 CONCORD DRIVE ORMOND BEACH, FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN OF BOARD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KACZYNSKI, MARGIE 682 BRANCH DR PT ORANGE, FL 321273808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, JIM 2041 ANCHOR AVENUE DELAND, FL 32721	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOYE, RACHEL 1028 FLYING W COURT EDGEWATER, FL 32132	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  BRADLEY GORDER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 7-6-06 Daytime Phone # 386-274-4736		

50021997



07052006 Chg-NP CR2E037 (4/06)