

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 18 1997 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 705008 (1)**  
 1. Corporation Name  
**ASSOCIATION FOR RETARDED CITIZENS OF FLORIDA, IN C.**



|  |   |
|--|---|
| Principal Place of Business<br><b>411 E. COLLEGE AVENUE<br/>TALLAHASSEE FL 32301</b> | Mailing Address<br><b>411 E. COLLEGE AVENUE<br/>TALLAHASSEE FL 32301-1523</b> |
|--|---|

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> | 3. Date Incorporated or Qualified<br><b>08/11/1961</b>   | 3a. Date of Last Report<br><b>04/12/1996</b>           |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> | 4. FEI Number<br><b>59-0830741</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        | 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                                    |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>SCHUH, CHRIS</b><br><b>411 E. COLLEGE AVENUE</b><br><b>TALLAHASSEE FL 32301</b> |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | PD<br>SANSON, DIXE<br>110 BARTON AVENUE<br>ROCKLEDGE FL              | <input checked="" type="checkbox"/> DELETE            | 1.1 TITLE<br>PD<br>Delay, Jeanine<br>8066 Redbud Lane<br>Brooksville, FL 34601<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | TD<br>PAUL BRUNS<br>200 S. BANANA RIVER BLVD<br>COCOA BEACH FL 32931 | <input checked="" type="checkbox"/> DELETE            | 2.1 TITLE<br>TD<br>Meyrowitz, Ray<br>Box 114, Turkey Creek<br>Alicia, FL 32615<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | SD<br>CONNIE TATUM<br>3002 W. PATTERSON<br>TAMPA FL 33614            | <input checked="" type="checkbox"/> DELETE            | 3.1 TITLE<br>SD<br>Evans, Jim<br>3009 Blackstar Ave.<br>Pensacola, FL 32503<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE                      | PD<br>WIENER, LARRY<br>411 E COLLEGE AVE<br>TALLAHASSEE FL           | <input checked="" type="checkbox"/> DELETE            | 4.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      | D<br>SCHUH, CHRIS<br>411 E COLLEGE AVE.<br>TALLAHASSEE FL            | <input type="checkbox"/> DELETE                       | 5.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      |  | <input type="checkbox"/> DELETE                       | 6.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** *Chris Schuh* **REQUIRED** **4/4/97** (904) 921-0460  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0007997

CR2E037 (9/96)