NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

04-16-1999 90081 015 ****61.25

1999 **DOCUMENT # 705008**

1. Corporation Name ASSOCIATION FOR RETARDED CITIZENS OF FLORIDA, IN C.

Principal Place of Business 411 E. COLLEGE AVENUE TALLAHASSEE FL 32301

2. Principal Place of Business

Mailing Address

2a. Mailing Address

411 E. COLLEGE AVENUE TALLAHASSEE FL 32301



3. Date Incorporated or Qualifed

08/11/1961

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Suite, Apt.	#, etc. , ,		Suite, Apt. #, etc.	-				4. FELL	Number 0 8307 4	11			-		lied For
22		27					<u>.</u>	381	000011	† I				<u>'</u>	Applicable
City & State	& State City & State							5. Certificate of Status Desired					\$8.75 Additional Fee Required		
Zip	Country Zip				Country			6. Election Campaign Financing			\$5	5.00 N	May Be		
	25	29	<u>,</u>	30	•				t Fund C			' _□		ded to	•
24	9. Name and Address of Current		tered Agent	1001	T		1	0. Nan	e and A	ddress	of New	Register	ed Agent		
	- Hamo Bila Aladiada di adilani				81	Name									
SCHUH, CHRIS 411 E. COLLEGE AVENUE TALLAHASSEE FL 32301						Street Address (P.O. Box Number is Not Acceptable)									
					82	Street A	ddress	(P.O. B	ox Numi	Der IS NO	ot Accep	навіе)			
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TALLAHAS	SSEE FL 32301														
					84	City				•			=∟ │ ⁸⁵ │	Zip C	ode
					11			Van aus	!4- 41-1-	atatama	nt for th			ina ite r	renistered
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of	of Florid	a. Such change was	s authorize	a dv t	-named c he corpor	ration's	board o	of directo	rs. I her	eby acc	ept the ap	pointment	as reg	istered
agent. I a	m familiar with, and accept the obligation	ions of,	Section 617.0503, I	Florida Stat	tutes.		•				-	·			
SIGNATURE															
	Signature, typed or printed name of registered agent			OTE: Registered	d Agent	signature rec	quired wh	en reinstati	ng)	HANGE	S TO O	DATE	AND DIR	FCTOR	RS IN 12
12.	OFFICERS AND	DIRE		13.				ADDI	HONSIC	HANGE	3100	THOLING	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Addition
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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, with all other like empowered.

SIGNATURE:

FILED
Apr 16, 1999 8:00 am §
Secretary of State