

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708757 (0)

1. Corporation Name

LEAGUE TO AID RETARDED CHILDREN, INC.



Principal Place of Business

3100 75TH ST. NO.
ST PETERSBURG FL 33710

Mailing Address

3100 75TH ST. NO.
ST PETERSBURG FL 33710

3. Date Incorporated or Qualified
04/07/1965

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-6175993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPAGNA, RUTH A.
2814 HERON PLACE
CLEARWATER FL 34622

81

Name

JOAN HEDRICK

82

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

6400 BURNING TREE DRIVE

83

84

City

SEMINOLE

FL

85

Zip Code

34647

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

Joan Hedrick

(NOTE: Registered Agent Signature required when reinstating)

3/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

TO

NAME

LINDEN, DENISE

STREET ADDRESS

9100 NINTH ST. N. #204

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

PD

NAME

HEDRICK, JOAN

STREET ADDRESS

6400 BURNING TREE DRIVE

CITY-ST-ZIP

SEMINOLE FL

TITLE

DV

NAME

CASH, LOIS

STREET ADDRESS

6852 AUGUSTA BLVD.

CITY-ST-ZIP

SEMINOLE FL

TITLE

PD

NAME

CAMPAGNA, RUTH A.

STREET ADDRESS

2814 HERON PLACE

CITY-ST-ZIP

CLEARWATER FL

TITLE

SD

NAME

IDRVIN, MARSHA

STREET ADDRESS

2554-68TH AVE. SOUTH

CITY-ST-ZIP

ST. PETERSBURG FL

TITLE

SD

NAME

RODENAVER, PATRICIA

STREET ADDRESS

223 CORDOVA BLVD. NE

CITY-ST-ZIP

ST. PETERSBURG FL

1.1 TITLE

D

PRESIDENT-ELECT/DIRECTOR

1.2 NAME

D

JALLY MIRORE

1.3 STREET ADDRESS

D

734 CAPTIVA COURT NE

1.4 CITY-ST-ZIP

D

ST PETERSBURG FL 33702

2.1 TITLE

D

800001755510

2.2 NAME

D

03/25/96 01010-012

2.3 STREET ADDRESS

D

***61.25

2.4 CITY-ST-ZIP

D

ST PETERSBURG FL 33702

3.1 TITLE

D

VICE PRESIDENT

3.2 NAME

D

LIZ FINCH

3.3 STREET ADDRESS

D

1196 SEVILLE LANE NE

3.4 CITY-ST-ZIP

D

ST PETERSBURG FL 33704

4.1 TITLE

D

RECORDING SECRETARY

4.2 NAME

D

JULIA TERRELL

4.3 STREET ADDRESS

D

3095 5 Street North

4.4 CITY-ST-ZIP

D

ST. PETERSBURG FL 33704

5.1 TITLE

D

CORRESPONDING SECRETARY

5.2 NAME

D

DONNA KUENZLER

5.3 STREET ADDRESS

D

6538 GOLDEN HORSESHOE DRIVE

5.4 CITY-ST-ZIP

D

SEMINOLE FL 34647

6.1 TITLE

☐

Change ☐ Addition

6.2 NAME

☐

Change ☐ Addition

6.3 STREET ADDRESS

☐

Change ☐ Addition

6.4 CITY-ST-ZIP

☐

Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DB LINDEN

1 MARCH 96

813.5782800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

3-22-1996