FILE NOW: FILING FEE IS $61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 708757 (0)

1. Corporation Name
LEAGUE TO AID RETARDED CHILDREN, INC.

Principal Place of Business	Mailing Address
3100 75TH ST NO. ST PETERSBURG FL 33710	3100 75TH ST NO. ST PETERSBURG FL 33710-2326

3. Date Incorporated or Qualified: 04/07/1965
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
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

HEDRICK, JOAN
6400 BURNING TREE DRIVE
SEMINOLE FL 34647

10. Name and Address of New Registered Agent

81 Name: SALLY J. MIROCKE
82 Street Address (P.O. Box Number is Not Acceptable): 734 CAPTIVA COURT N.E.
83:
84 City: ST. PETERSBURG FL 85 Zip Code: 33702

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: Sally J. Mirocke President League to Aid Retarded Children April 1, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE (PD)	PRESIDENT ELECT	☐ Change ☒ Addition
NAME	LINDEN, DENISE		1.2 NAME	YVONNE WISELEY	
STREET ADDRESS	9100 NINTH ST. N, #204		1.3 STREET ADDRESS	10208 TARPON DRIVE	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	PD	☒ DELETE	2.1 TITLE (DVP)	VICE PRESIDENT	☐ Change ☒ Addition
NAME	HEDRICK, JOAN		2.2 NAME	RUTH FROST	
STREET ADDRESS	6400 BURNING TREE DRIVE		2.3 STREET ADDRESS	2125 TANGLEWOOD WAY NE	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702	
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MIROCKE, SALLY		3.2 NAME		
STREET ADDRESS	734 CAPTIVA COURT NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33702		3.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	4.1 TITLE (DRS)	RECORDING SECRETARY	☐ Change ☒ Addition
NAME	FINCH, LIZ		4.2 NAME	JUDY LIVINGSTON	
STREET ADDRESS	1196 SEVILLE LANE NE		4.3 STREET ADDRESS	4241 14 WAY N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33703	
TITLE	DRS	☒ DELETE	5.1 TITLE (CS)	CORRESPONDING SECRETARY	☐ Change ☒ Addition
NAME	TERRELL, JULIA		5.2 NAME	FRAN CHULICK	
STREET ADDRESS	3095 5 STREET NORTH		5.3 STREET ADDRESS	398 COLONY POINT ROAD S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		5.4 CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE	DCS	☒ DELETE	6.1 TITLE (DT)	TREASURER	☐ Change ☒ Addition
NAME	KUENZLER, DONNA		6.2 NAME	ROBIN WILBER	
STREET ADDRESS	6538 GOLDEN HORSESHOE DRIVE		6.3 STREET ADDRESS	210 ISLE DRIVE	
CITY-ST-ZIP	SEMINOLE FL 34647		6.4 CITY-ST-ZIP	ST PETE BEACH, FL 33706	

CR2E037 (9/96)

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: Robin S. Wilber ROBIN S. WILBER 1/20/97 813 532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0050729