

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/07/1965
4. FEI Number 59-6175993
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROCKE, SALLY J.M.
734 CAPTIVA CT NE
ST PETERSBURG FL 33702**

81 Name WISELEY, YVONNE
82 Street Address (P.O. Box Number is Not Acceptable) 10208 TARPON DR
83
84 City TREASURE ISLAND FL
85 Zip Code 33706

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	WISELEY, YVONNE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	10208 TARPON DR	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	TREASURE ISLAND FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
DVP	FROST, RUTH	2.5 TITLE	2.6 NAME
STREET ADDRESS	2125 TANGLEWOOD WAY NE	2.7 STREET ADDRESS	2.8 CITY-ST-ZIP
CITY-ST-ZIP	ST PETERSBURG FL	2.9 TITLE	2.10 NAME
DP	MIROCKE, SALLY	2.11 STREET ADDRESS	2.12 CITY-ST-ZIP
STREET ADDRESS	734 CAPTIVA COURT NE	2.13 TITLE	2.14 NAME
CITY-ST-ZIP	ST. PETERSBURG FL 33702	2.15 STREET ADDRESS	2.16 CITY-ST-ZIP
DRS	LIVINGSTON, JUDY	2.17 TITLE	2.18 NAME
STREET ADDRESS	4271 14 WAY NE	2.19 STREET ADDRESS	2.20 CITY-ST-ZIP
CITY-ST-ZIP	ST PETERSBURG FL	2.21 TITLE	2.22 NAME
DCS	CHULICK, FRAN	2.23 STREET ADDRESS	2.24 CITY-ST-ZIP
STREET ADDRESS	398 COLONY POINT ROAD S	2.25 TITLE	2.26 NAME
CITY-ST-ZIP	ST PETERSBURG FL	2.27 STREET ADDRESS	2.28 CITY-ST-ZIP
DT	WILBER, ROBIN	2.29 TITLE	2.30 NAME
STREET ADDRESS	210 ISLE DR	2.31 STREET ADDRESS	2.32 CITY-ST-ZIP
CITY-ST-ZIP	ST PETERSBURG FL	2.33 TITLE	2.34 NAME
		2.35 STREET ADDRESS	2.36 CITY-ST-ZIP
		2.37 TITLE	2.38 NAME
		2.39 STREET ADDRESS	2.40 CITY-ST-ZIP
		2.41 TITLE	2.42 NAME
		2.43 STREET ADDRESS	2.44 CITY-ST-ZIP
		2.45 TITLE	2.46 NAME
		2.47 STREET ADDRESS	2.48 CITY-ST-ZIP
		2.49 TITLE	2.50 NAME
		2.51 STREET ADDRESS	2.52 CITY-ST-ZIP
		2.53 TITLE	2.54 NAME
		2.55 STREET ADDRESS	2.56 CITY-ST-ZIP
		2.57 TITLE	2.58 NAME
		2.59 STREET ADDRESS	2.60 CITY-ST-ZIP
		2.61 TITLE	2.62 NAME
		2.63 STREET ADDRESS	2.64 CITY-ST-ZIP
		2.65 TITLE	2.66 NAME
		2.67 STREET ADDRESS	2.68 CITY-ST-ZIP
		2.69 TITLE	2.70 NAME
		2.71 STREET ADDRESS	2.72 CITY-ST-ZIP
		2.73 TITLE	2.74 NAME
		2.75 STREET ADDRESS	2.76 CITY-ST-ZIP
		2.77 TITLE	2.78 NAME
		2.79 STREET ADDRESS	2.80 CITY-ST-ZIP
		2.81 TITLE	2.82 NAME
		2.83 STREET ADDRESS	2.84 CITY-ST-ZIP
		2.85 TITLE	2.86 NAME
		2.87 STREET ADDRESS	2.88 CITY-ST-ZIP
		2.89 TITLE	2.90 NAME
		2.91 STREET ADDRESS	2.92 CITY-ST-ZIP
		2.93 TITLE	2.94 NAME
		2.95 STREET ADDRESS	2.96 CITY-ST-ZIP
		2.97 TITLE	2.98 NAME
		2.99 STREET ADDRESS	2.100 CITY-ST-ZIP

14. I 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: *[Signature]* 1/29/98 P13 360 3410

CR2E037 (10/97)