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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 708757

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 P.O. Box 47442
 Suite, Apt. #, etc.
 27 ST PETERSBURG, FL

28 City & State

29 33710 30 USA

3. Date Incorporated or Qualified

04/07/1965

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

9. Name and Address of Current Registered Agent

WISELEY, YVONNE
 10208 TARPON DR
 TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name KNAEBEL STEVIE
 82 Street Address (P.O. Box Number is Not Acceptable)
 12139 98TH AVE NO
 83
 84 City SEMINOLE FL 85 Zip Code 33772

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 *Stevie Knaebel*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/2/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
 NAME WISELEY, YVONNE
 STREET ADDRESS 10208 TARPON DR
 CITY-ST-ZIP TREASURE ISLAND FL

TITLE DV ☐ DELETE
 NAME KNAEBEL, STEVIE
 STREET ADDRESS 12139 98TH AVE N
 CITY-ST-ZIP SEMINOLE FL 33772

TITLE DV ☐ DELETE
 NAME CARTLAND, JULIA
 STREET ADDRESS 3095 5TH ST N
 CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE DS ☒ DELETE
 NAME WESTMARK, MARY ANN
 STREET ADDRESS 14321 84TH TERRACE N
 CITY-ST-ZIP SEMINOLE FL 33776

TITLE DS ☒ DELETE
 NAME GILLEY, JEANNE
 STREET ADDRESS 1722 65TH WAY N
 CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE DT ☒ DELETE
 NAME WILBER, ROBIN
 STREET ADDRESS 210 ISLE DR
 CITY-ST-ZIP ST PETERSBURG FL 33706

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME KNAEBEL, STEVIE
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME SELMA GABY
 4.3 STREET ADDRESS 5011 26TH AVE NO
 4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

5.1 TITLE ☐ Change ☒ Addition
 5.2 NAME DS
 5.3 STREET ADDRESS MARY MITCHUM
 5.4 CITY-ST-ZIP 10206 TARPON DR.
 TREASURE ISLAND FL 33706

6.1 TITLE ☐ Change ☒ Addition
 6.2 NAME DT
 6.3 STREET ADDRESS THELMA GILBERT
 6.4 CITY-ST-ZIP 3016 15TH ST NO.
 ST PETERSBURG FL 33710

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, with all other like empowered.

SIGNATURE:

Thelma Gilbert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

(727) 345-5212

Daytime Phone #

CR2E037 (11/98)