2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 708757

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

Principal Place of Business	Mailing Address
3100 75TH ST NO ST. PETERSBURG, FL 33710	P.O. BOX 47442 ST PETERSBURG, FL 33743

04242006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-6175993
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHENE, JAN
13897 EGRET LANE
CLEARWATER, FL 33762

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000540701
05/10/06-80028-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	GRUNDMAN, CHRIS
STREET ADDRESS	3006 CANTERBURY LANE
CITY-ST-ZIP	LARGO, FL 33770
TITLE	DS
NAME	MONTRONE, JOYCE
STREET ADDRESS	8305 AGUSTA BLVD
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	DPE
NAME	SANDY, WASSON
STREET ADDRESS	8381 56TH WAY N
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	DVP
NAME	BAUR, CANDICE
STREET ADDRESS	5511 101 AVE N
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	DP
NAME	CHENE, JAN
STREET ADDRESS	13897 EGRET LANE
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine B. Grundman, Treasurer 4/24/06 727-392-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Christine B. Grundman, Treas.