

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708757

FILED
Mar 20, 2009
Secretary of State

Entity Name: LEAGUE TO AID RETARDED CHILDREN, INC.

Current Principal Place of Business:

3100 75TH ST NO
ST. PETERSBURG, FL 33710

New Principal Place of Business:

3190 TYRONE BLVD
ST. PETERSBURG, FL 33710

Current Mailing Address:

P.O. BOX 47442
ST PETERSBURG, FL 33743

New Mailing Address:

FEI Number: 59-6175993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, VERA G T
9161 48TH TERRACE N
SAINT PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: FRANZWA, JENNIFER
Address: 11974 MANDARIN CT
City-St-Zip: SEMINOLE, FL 33772 US

Title: DVP () Delete
Name: PLANTS, NANCY MS
Address: 3816 14TH AVENUE SE
City-St-Zip: LARGO, FL 33771 US

Title: DT () Delete
Name: JOHNSTON, VERA
Address: 9161 48TH TERRACE N
City-St-Zip: SAINT PETERSBURG, FL 33708 US

Title: D () Delete
Name: BAUR, CANDICE
Address: 5511 101 AVE N
City-St-Zip: PINELLAS PARK, FL 33782

Title: DP () Delete
Name: MONTRONE, JOYCE MS
Address: 11286 OAKRIDGE TRAIL DR
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: SUTTON, CONNIE
Address: 5870 106TH TERRACE N
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERA JOHNSTON

DT

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date