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1997 APR 29 PM 11: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 708828 (9)

1. Corporation Name

THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH FLO  
RIDA, INC.

Principal Place of Business

Mailing Address

5555 BISCAYNE BLVD  
MIAMI FL 33137  
US

5555 BISCAYNE BLVD  
MIAMI FL 33137-2656  
US

3. Date Incorporated or Qualified  
03/24/1965

3a. Date of Last Report  
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
59-0839562

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

10. Name and Address of New Registered Agent

MESSER, MICHAEL E.  
5555 BISCAYNE BLVD  
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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 PP ☒ DELETE

NAME REED, BEN  
STREET ADDRESS 5555 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

TITLE 1VPD ☒ DELETE

NAME MESSER, MICHAEL E  
STREET ADDRESS 5555 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

TITLE SD ☐ DELETE

NAME SALAZAR, HELEN  
STREET ADDRESS 5555 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

TITLE TD ☐ DELETE

NAME WIENER, LARRY  
STREET ADDRESS 5555 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME KOPER, RICHARD  
STREET ADDRESS 5555 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

TITLE SD ☐ DELETE

NAME LAYNE, LISA  
STREET ADDRESS 5555 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

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 2VP WILLIAM KIRSH  
2.3 STREET ADDRESS 5555 BISCAYNE BLVD  
2.4 CITY-ST-ZIP MIAMI, FL 33137

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 1VP HELEN SALAZAR  
3.3 STREET ADDRESS 5555 BISCAYNE BLVD  
3.4 CITY-ST-ZIP MIAMI, FL 33137

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Handwritten signature: Lisa Layne

Handwritten date: 4/2/97

CR2E037 (9/96)