


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # 708828</b>   |   |  |
| 1. Entity Name<br>THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH FLORIDA, INC. |   |   |
| Principal Place of Business<br>5555 BISCAYNE BLVD<br>MIAMI, FL 33137 US      | Mailing Address<br>5555 BISCAYNE BLVD<br>MIAMI, FL 33137 US |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |



04152004 No Chg-NP CR2E037 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-0839562 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

MESSER, MICHAEL E  
 5555 BISCAYNE BLVD  
 MIAMI, FL 33137

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | U00000125463<br>04/22/04-80086-019 61.25 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PPD<br>REED, BEN<br>5555 BISCAYNE BLVD<br>MIAMI, FL 33137             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 1VPD<br>KIRSH, WILLIAM<br>5555 BISCAYNE BLVD<br>MIAMI, FL 33137       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>SALAZAR-REALINI, HELEN<br>5555 BISCAYNE BLVD<br>MIAMI, FL 33137 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>WIENER, LARRY<br>5555 BISCAYNE BLVD<br>MIAMI, FL 33137         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE IN THIS SPACE**

12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael E Messer*