# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2009**
**Secretary of State**

DOCUMENT# 708828

**Entity Name:** THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

5555 BISCAYNE BLVD
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

5555 BISCAYNE BLVD
MIAMI, FL 33137 US

**New Mailing Address:**

**FEI Number: 59-0839562** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MESSER, MICHAEL E
5555 BISCAYNE BLVD
MIAMI, FL 33137 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: | D | ( ) Delete |
| Name: | REED, BEN | |
| Address: | 5555 BISCAYNE BLVD | |
| City-St-Zip: | MIAMI, FL 33137 | |
| Title: | COB | ( ) Delete |
| Name: | KIRSH, WILLIAM | |
| Address: | 5555 BISCAYNE BLVD | |
| City-St-Zip: | MIAMI, FL 33137 | |
| Title: | D | ( ) Delete |
| Name: | SALAZAR-REALINI, HELEN | |
| Address: | 5555 BISCAYNE BLVD | |
| City-St-Zip: | MIAMI, FL 33137 | |
| Title: | TS | ( ) Delete |
| Name: | WIENER, LARRY | |
| Address: | 5555 BISCAYNE BLVD | |
| City-St-Zip: | MIAMI, FL 33137 | |
| Title: | D | ( ) Delete |
| Name: | ZAMORA-DEAGUERO, HILDE | |
| Address: | 10741 SW 60 ST | |
| City-St-Zip: | MIAMI, FL 33173 | |
| Title: | PCEO | ( ) Delete |
| Name: | MESSER, MICHAEL E | |
| Address: | 5555 BISCAYNE BLVD | |
| City-St-Zip: | MIAMI, FL 33137 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| 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: | |
| 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: MICHAEL E MESSER CEO 01/07/2009

Electronic Signature of Signing Officer or Director — Date