

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708828

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**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 ( )**

**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  
Name: REED, BEN  
Address: 5555 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: COB  
Name: KIRSH, WILLIAM  
Address: 5555 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: SALAZAR-REALINI, HELEN  
Address: 5555 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: TS  
Name: WIENER, LARRY  
Address: 5555 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: ZAMORA-DEAGUERO, HILDE  
Address: 10741 SW 60 ST  
City-St-Zip: MIAMI, FL 33173

Title: PCEO  
Name: MESSER, MICHAEL E  
Address: 5555 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL E MESSER

PRES

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date