

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 709028 (5)  
1. Corporation Name  
DUVAL ASSOCIATION FOR RETARDED CITIZENS, INC.



Principal Place of Business Mailing Address  
1050 DAVIS STREET 1050 DAVIS STREET  
JACKSONVILLE FL 32209 JACKSONVILLE FL 32209

|                                |  |                        |  |   |  |  |  |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report                                  |  |
| 21                             |  | 26                     |  | 05/26/1965  |  | 05/11/1995   |  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   |  | Applied For  |  |
| 23 City & State                |  | 28 City & State        |  | 59-6209603  |  | Not Applicable   |  |
| 24 Zip                         |  | 29 Zip                 |  | 5. Certificate of Status Desired  |  | 8.75 Additional Fee Required                             |  |
| 25 Country                     |  | 30 Country             |  | <input checked="" type="checkbox"/>   |  | <input type="checkbox"/>                                 |  |
|                                |  |                        |  | 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 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent         |  |  |  | 10. Name and Address of New Registered Agent                                     |  |  |  |
| MURREN, JOHN<br>1050 DAVIS ST.<br>JACKSONVILLE FL 32209 |  |  |  | 81 Name<br>Christine G. Matteson   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>1050 North Davis Street |  |  |  |
|   |  |  |  | 83   |  |  |  |
|   |  |  |  | 84 City<br>Jacksonville  |  |  |  |
|   |  |  |  | 85 Zip Code<br>FL 32209  |  |  |  |

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 Christine G. Matteson Interim Executive Director 4/11/96  
(NOTE: Registered Agent signature required when reinstating)

|                            |                                 |  |  |   |                                  |  |  |
|----------------------------|---------------------------------|--|--|---|----------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS |                                 |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                  |  |  |
| TITLE                      | VD                              | <input type="checkbox"/> DELETE            |  | 11 TITLE  | CD                               | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | O'CONNOR, KEVIN                 |  |  | 12 NAME   | O'CONNOR, KEVIN                  |  |  |
| STREET ADDRESS             | 9250 BAYMEADOWS ROAD, SUITE 440 |  |  | 13 STREET ADDRESS                                     | 9645 Baymeadows Road, #924       |  |  |
| CITY - ST - ZIP            | JACKSONVILLE FL                 |  |  | 14 CITY - ST - ZIP                                    | Jacksonville, Florida 32256      |  |  |
| TITLE                      | CD                              | <input checked="" type="checkbox"/> DELETE |  | 21 TITLE  | VD                               | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| NAME                       | GANTT, DARLENE A.               |  |  | 22 NAME   | KIRK, GEORGE                     |  |  |
| STREET ADDRESS             | 11558 HIDDEN HARBOR WAY         |  |  | 23 STREET ADDRESS                                     | 9519 Kuhn Road                   |  |  |
| CITY - ST - ZIP            | JACKSONVILLE FL                 |  |  | 24 CITY - ST - ZIP                                    | Jacksonville, Florida 32257      |  |  |
| TITLE                      | VD                              | <input checked="" type="checkbox"/> DELETE |  | 31 TITLE  |                                  | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME                       | CARTER, WILLIAM                 |  |  | 32 NAME   |                                  |  |  |
| STREET ADDRESS             | 2933 CORINTHIAN AVE             |  |  | 33 STREET ADDRESS                                     |                                  |  |  |
| CITY - ST - ZIP            | JACKSONVILLE FL                 |  |  | 34 CITY - ST - ZIP                                    |                                  |  |  |
| TITLE                      | SD                              | <input type="checkbox"/> DELETE            |  | 41 TITLE  |                                  | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME                       | TENENBAUM, STANLEY              |  |  | 42 NAME   |                                  |  |  |
| STREET ADDRESS             | 1801 OCEAN DR., S., #103        |  |  | 43 STREET ADDRESS                                     |                                  |  |  |
| CITY - ST - ZIP            | JACKSONVILLE BCH. FL            |  |  | 44 CITY - ST - ZIP                                    |                                  |  |  |
| TITLE                      | TD                              | <input type="checkbox"/> DELETE            |  | 51 TITLE  | TD                               | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| NAME                       | WESTBURY, RICK                  |  |  | 52 NAME   | CONKLIN, BOB                     |  |  |
| STREET ADDRESS             | 5536 ATLANTIC BLD.              |  |  | 53 STREET ADDRESS                                     | 111 Riverside Avenue, Suite #210 |  |  |
| CITY - ST - ZIP            | JACKSONVILLE FL                 |  |  | 54 CITY - ST - ZIP                                    | Jacksonville, Florida 32202      |  |  |
| TITLE                      | PD                              | <input checked="" type="checkbox"/> DELETE |  | 61 TITLE  |                                  | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME                       | MURREN, JOHN                    |  |  | 62 NAME   |                                  |  |  |
| STREET ADDRESS             | 1050 N. DAVIS ST.               |  |  | 63 STREET ADDRESS                                     |                                  |  |  |
| CITY - ST - ZIP            | JACKSONVILLE FL                 |  |  | 64 CITY - ST - ZIP                                    |                                  |  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Christine G. Matteson 4/11/96 (904) 355-0155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)