

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mokhtam
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 32209-6808

2. Principal Place of Business 2a. Mailing Address
21 1050 North Davis Street 25 1050 North Davis Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 05/26/1965 3a. Date of Last Report 04/26/1996
4. FEI Number 59-6209603 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
7. 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
CHRISTINE G. MATTESON 81 Name JOHN BECKER
1050 NORTH DAVIS STREET 82 Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32209 1050 North Davis Street
83
84 City JACKSONVILLE FL 85 Zip Code 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 of 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] 6/3/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'CONNOR, KEVIN			1.2 NAME	Kirk, George D.		
STREET ADDRESS	8845 BAYMEADOWS ROAD #924			1.3 STREET ADDRESS	9519 Kuhn Road		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville, FL 32257		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIRK, GEORGE			2.2 NAME	WEITZNER, Shari		
STREET ADDRESS	9519 KUHN ROAD			2.3 STREET ADDRESS	3429 Beauchamp Road		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	Jacksonville, FL 32257		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TENENBAUM, STANLEY			3.2 NAME	Moran, Bernadette		
STREET ADDRESS	1601 OCEAN DR., S., #103			3.3 STREET ADDRESS	8312 St. Johns Avenue		
CITY-ST-ZIP	JACKSONVILLE BCH. FL			3.4 CITY-ST-ZIP	Jacksonville, FL 32205		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WESTBURY, RICK			4.2 NAME	Taylor, Pete		
STREET ADDRESS	5536 ATLANTIC BLD.			4.3 STREET ADDRESS	7030 Salamanca Avenue		
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP	Jacksonville, Florida 32217		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONKLIN, BOB			5.2 NAME			
STREET ADDRESS	111 RIVERSIDE AVENUE, SUITE 210			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

CP2E037 (9/96)