FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Molitiam

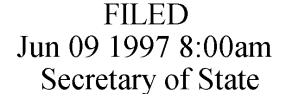
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

709028

(5)

DUVAL ASSOCIATION FOR RETARDED CITIZENS, INC.



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Principal Place of Business Mailing Address							
1050 DAVIS STE	REET	1050 DAVIS STREET					
JACK8ONVILLE	FL 32209	JACKSONVILLE FL 32209-68	08				
					3. Date incorporated or Qualified 05/26/1965	3a. Date of Le 04/26/	ist Report 1996
2. Principal Place of Business 2a. Mailing Address				(U.s. 4	4. FEI Number		Applied For
21 1050	North Davis Street	26 1050 North	Davis	JTREET	59-6209603		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	·		Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for	- ~ —	ier s. 199.032,
24	25		30			Yes No	
	9. Name and Address of Current	Hedistelen Waeut	81	Name	10. Name and Address of New Re	gistered Agent	
]61	\int_{0}^{100}	Ohn BECKER		
	NE G. MATTESON		82	Street Addr	Idress (P.O. Box Number is Not Acceptable)		
1050 NORTH DAVIS STREET					050 North Davis Stre	st	
JACKSO	NVILLE FL 32209		83	ļ			
			84	City		85	Zip Code
				\mathbf{J}	acksonville	FL ~~	Zip Code 32209
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the abov	e-named corp	oration submits this statement for the p	urpose of changi	ng its registered
agent. I a	m familiar with and accept the obtiga	Section 617.0503, Flo	rida Statute	s.	ion's board of directors. I hereby accep	ot the appointmen	it as registered
SIGNATURE	メッグん				6	/3/97	
	Signature, typed or printed name of registered each			eni signature requir	ed when reinstaling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE *	CD	X DEL€TE	1.1 TITLE	GV.		Cha	nge 🔲 Addition
NAME	O'CONNOR, KEVIN		1.2 NAME	KIR	lk, George O.		
STREET ADDRESS	9645 BAYMEADOWS ROAD #9	24	1.3 STREE		19 Kahn Road		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-		Ksonville, FL 32257		
TITLE	VD	☐ DELETE	2.1 TITLE	\V\)		Cha	nge 🗖 Addition
NAME	KIRK, GEORGE		2.2 NAME	WE	itzder, Shari		,
STREET ADDRESS	9519 KUHN ROAD		2.3 STREET	ADDRESS 34	29 Brauclers Road		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-	ST-ZIP Já	icksodrille, FL 32257		
TITLE	SD	₩ DELETE	3.1 TITLE	02	'	☐ Cha	nge 🔼 Addition
NAME	TENENBAUM, STANLEY		3.2 NAME	Mo	ran, BernadeHe 12 St. Johns Avenue		
STREET ADDRESS	1601 OCEAN DR., S., #103		3.3 STREET				
CITY-ST-ZIP	JACKSONVILLE BCH. FL		3 4. CITY-	ST-ZIP Ja	cksonville, FL 32205		
TITLE	TD	DELETE	4.1 TITLE	VL		Cha	nge 💢 Addition
NAME	WESTBURY, RICK		4. 2 NAME	170	ylor, Pete		
STREET ADDRESS	5536 ATLANTIC BLD.		4.3 STREET	ADDRESS 70	30 Salamanca Avenue		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY - 5	T-ZIP	30 Salamanca avenue 14500ville, Florida 32	217	
TITLE	TD	DELETE	5.1 TITLE	1		☐ Cha	nge 🔲 Addition
NAME	CONKLIN, BOB		5.2 NAME				
STREET ADDRESS	111 RIVERSIDE AVENUE, SUITI	210	5.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	-	5.4 CITY-5				
TITLE		DELETE	6.1 TITLE			Cha	nge Addition
NAME			6.2 NAME			•	
STREET ADDRESS			i i	ADDRESS			
CITY-ST-ZIP			6.4 CITY - 5	I .			
V 1 V 1 L			■ U.1 UII 1 1				

I do hereby certily 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.

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