

**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 # **710148 (8)**  
1. Corporation Name  
**ASSOCIATION FOR RETARDED CITIZENS/ PASCO, INC.**



Principal Place of Business: **5532 AULD LANE HOLIDAY FL 34690**  
Mailing Address: **5532 AULD LANE HOLIDAY FL 34690**

3. Date Incorporated or Qualified: **01/03/1966**  
3a. Date of Last Report: **03/07/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1492617</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country	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		
<b>LAURINO, EMILE 5532 AULD LANE HOLIDAY FL FL 34690</b>		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	<b>FL</b>	85. Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, ANNE</b>	1.2 NAME	
STREET ADDRESS	<b>5532 AULD LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	1.4 CITY-ST-ZIP	<b>34690</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN VALIN, JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>5532 AULD LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOCKLEAR, BRUCE</b>	3.2 NAME	
STREET ADDRESS	<b>5532 AULD LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	3.4 CITY-ST-ZIP	<b>34690</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>SD CLARA FOWLER</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>5532 AULD LANE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>HOLIDAY FL 34690</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>TD GREG ROE</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>5532 AULD LANE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>HOLIDAY FL 34690</b>
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 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: Sheila A. Gonzalez Date: 2-16-96 (513) 372-5175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)