

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710221** (3)
1. Corporation Name
ASSOCIATION FOR RETARDED CITIZENS OF ALACHUA COUNTY, INC.

Principal Place of Business 3303 NW 83RD ST. GAINESVILLE FL 32602-9919	Mailing Address 3303 NW 83RD ST. GAINESVILLE FL 32602-9919
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2. Principal Place of Business 21 3303 NW 83rd St. Suite, Apt. #, etc. 22 City & State 23 Gainesville, FL Zip 24 32606	2a. Mailing Address 26 3303 NW 83rd St. Suite, Apt. #, etc. 27 City & State 28 Gainesville, FL Zip 29 32606 Country 30 USA
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3. Date Incorporated or Qualified 01/19/1966	3a. Date of Last Report 03/20/1995
4. FEI Number 59-1140179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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

**DELUCA, JOSEPH
3303 NW 83RD ST.
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	BAKER, PHILIP	
STREET ADDRESS	7020 LAKESHORE DR	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	VD	DELETE
NAME	MEYROWITZ, RAYMOND	
STREET ADDRESS	P.O. BOX 114 N/A	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	SD	DELETE
NAME	ROTHROCK, JOAN	
STREET ADDRESS	3845 NW 36TH PL	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	TD	DELETE
NAME	HAGUEWOOD, BRUCE	
STREET ADDRESS	14715 N.W. 39TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	PD	DELETE
NAME	FIELDING, JOHN (PAST)	
STREET ADDRESS	110 NW 46TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Raymond Meyrowitz	
1.3 STREET ADDRESS	Box 114, Turkey Creek	
1.4 CITY-ST-ZIP	Alachua, FL 32615	
2.1 TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joan Rothrock	
2.3 STREET ADDRESS	3143 NW 58th Blvd.	
2.4 CITY-ST-ZIP	Gainesville, FL 32606	
3.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	B.J. Schenck	
3.3 STREET ADDRESS	620 E. University Ave.	
3.4 CITY-ST-ZIP	Gainesville, FL 32601	
4.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bruce Haguewood	
4.3 STREET ADDRESS	14715 NW 39th Place	
4.4 CITY-ST-ZIP	Gainesville, FL 32606	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Philip Baker	
5.3 STREET ADDRESS	7020 Lakeshore Dr	
5.4 CITY-ST-ZIP	Gainesville, FL 32601	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Steve DeMontmollin	
6.3 STREET ADDRESS	7313 NW 47th Court	
6.4 CITY-ST-ZIP	Gainesville, FL 32606	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)