

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710221 (3)

1. Corporation Name

ASSOCIATION FOR RETARDED CITIZENS OF ALACHUA COUNTY, INC.



Principal Place of Business

Mailing Address

3303 NW 83RD ST.
GAINESVILLE FL 32602-99193303 NW 83RD ST.
GAINESVILLE FL 32606-62273. Date Incorporated or Qualified
01/19/19663a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1140179Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MEYROWITZ, RAYMOND	
STREET ADDRESS	BOX 114, TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Meyrowitz, Raymond	
1.3 STREET ADDRESS	Box 114, Turkey Creek	
1.4 CITY-ST-ZIP	Alachua, FL 32615	

TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	ROTHROCK, JOAN	
STREET ADDRESS	3143 NW 58TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32606	

2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rothrock, Joan	
2.3 STREET ADDRESS	3143 NW 58th Blvd.	
2.4 CITY-ST-ZIP	Gainesville, FL 32606	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHENCK, B. J	
STREET ADDRESS	620 E. UNIVERSITY AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32601	

3.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Schenck, B.J.	
3.3 STREET ADDRESS	620 E. University Ave.	
3.4 CITY-ST-ZIP	Gainesville, FL 32601	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAGUEWOOD, BRUCE	
STREET ADDRESS	14715 NW 39TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	

4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Haguewood, Bruce	
4.3 STREET ADDRESS	14715 NW 39th Place	
4.4 CITY-ST-ZIP	Gainesville, FL 32606	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, PHILLIP	
STREET ADDRESS	7020 LAKESHORE DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	

5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fielding, John	
5.3 STREET ADDRESS	110 NW 46th Street	
5.4 CITY-ST-ZIP	Gainesville, FL 32607	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMONTMOLLIN, STEVE	
STREET ADDRESS	7313 NW 47TH COURT	
CITY-ST-ZIP	GAINESVILLE FL 32606	

6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Perez, Vincente	
6.3 STREET ADDRESS	2541 NW 54th Blvd.	
6.4 CITY-ST-ZIP	Gainesville, FL 32606	

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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

2/6/97

352-376-4899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011009

CR2E037 (9/96)