

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3303 NW 83RD ST. GAINESVILLE FL 32602-9919</b>	Mailing Address <b>3303 NW 83RD ST. GAINESVILLE FL 32602-9919</b>
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3. Date Incorporated or Qualified <b>01/19/1966</b>
4. FEI Number <b>59-1140179</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>DELUCA, JOSEPH 3303 NW 83RD ST. GAINESVILLE FL 32608</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Richard Bradley</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 <b>3303 NW 83rd St.</b>	
84 City <b>Gainesville</b>	85 Zip Code <b>FL 32606</b>

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]* **3-16-98**  
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	<input type="checkbox"/> DELETE
NAME	<b>P MEYROWITZ, RAYMOND</b>
STREET ADDRESS	<b>BOX 114, TURKEY CREEK</b>
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP ROTHROCK, JOAN</b>
STREET ADDRESS	<b>3143 NW 58TH BLVD.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S SCHENCK, B.J.</b>
STREET ADDRESS	<b>620 EAST UNIVERSITY AVE.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T HAGUEWOOD, BRUCE</b>
STREET ADDRESS	<b>14715 NW 39TH PLACE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D FIELDING, JOHN</b>
STREET ADDRESS	<b>110 NW 46TH ST</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D PEREZ, VINCENTE</b>
STREET ADDRESS	<b>2541 NW 54TH BLVD.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>S Stalker, Heather</b>
3.3 STREET ADDRESS	<b>5916 NW 158th St.</b>
3.4 CITY-ST-ZIP	<b>Alachua, FL 32615</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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]* **3/24/98 (352) 238-4102**

CR2E037 (1097)

**1998 Nonprofit Organization Annual Report**

**ASSOCIATION FOR RETARDED CITIZENS  
OF ALACHUA COUNTY, INC.**

**1997-1998 BOARD OF DIRECTORS (continued)**

D  
Naomi Williams  
P.O. Box 1323  
Alachua, FL 32615

D  
Paul Sargent  
P.O. Box 5561  
Gainesville, FL 32602

D  
Jim Stockman  
3724-B NW 45<sup>th</sup> Street  
Gainesville, FL 32606

D  
Philip Baker  
7020 Lakeshore Drive  
Gainesville, FL 32601