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**Mar 22, 1999 8:00 am**  
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03-22-1999 90002 034 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

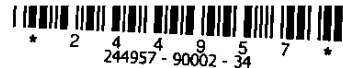
**DOCUMENT # 710221**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 32606 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 32606 30 Country

3. Date Incorporated or Qualified  
01/19/1966

4. FEI Number  
59-1140179

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**BRADLEY, RICHARD**  
3303 NW 83RD ST.  
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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

(SAME)

*Richard Bradley Executive Director*

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME MEYROWITZ, RAYMOND  
STREET ADDRESS BOX 114, TURKEY CREEK  
CITY-ST-ZIP ALACHUA FL 32615

TITLE VP ☐ DELETE  
NAME ROTHROCK, JOAN  
STREET ADDRESS 3143 NW 58TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL

TITLE S ☐ DELETE  
NAME STALKER, HEATHER  
STREET ADDRESS 5916 NW 158TH ST  
CITY-ST-ZIP ALACHUA FL 32615

TITLE T ☐ DELETE  
NAME HAGUEWOOD, BRUCE  
STREET ADDRESS 14715 NW 39TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE  
NAME FIELDING, JOHN  
STREET ADDRESS 110 NW 46TH ST  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ DELETE  
NAME PEREZ, VINCENTE  
STREET ADDRESS 2541 NW 54TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Joan Rothrock  
1.3 STREET ADDRESS 3134 NW 58th Blvd  
1.4 CITY-ST-ZIP Gainesville, FL 32606

2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME Bruce Haguewood  
2.3 STREET ADDRESS 14715 NW 39th Pl  
2.4 CITY-ST-ZIP Newberry, FL 32669

3.1 TITLE S ☒ Change ☐ Addition  
3.2 NAME Naomi Williams  
3.3 STREET ADDRESS P.O. Box 1373  
3.4 CITY-ST-ZIP Alachua, FL 32615

4.1 TITLE T ☒ Change ☐ Addition  
4.2 NAME John Fielding  
4.3 STREET ADDRESS 110 NW 46th St  
4.4 CITY-ST-ZIP Gainesville, FL 32607

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME Raymond Meyrowitz  
5.3 STREET ADDRESS Box 114, Turkey Creek  
5.4 CITY-ST-ZIP Alachua, FL 32615

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME Heather Stalker  
6.3 STREET ADDRESS 5916 NW 158th St  
6.4 CITY-ST-ZIP Alachua, FL 32615

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, with all other like empowered.

SIGNATURE:

*Joan Rothrock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*E. Rothrock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 334-4060

CR2E037 (11/98)

244957-90002-34  
710221

**1999 Nonprofit Organization Annual Report**

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

**1998-1999 Board of Directors (continued)**

D  
Jim Stockman  
20723 SW 46<sup>th</sup> Ave  
Newberry, FL 32669

**Additions:**

D  
Natalie Slater  
2712 SW 34<sup>th</sup> St, Apt #151  
Gainesville, FL 32608

D  
Marueen Conroy  
1109 NE 5<sup>th</sup> St  
Gainesville, FL 32601

D  
David Stockman  
3545 NW 86<sup>th</sup> Way  
Gainesville, FL 32606

D  
Mark Walker  
3520 NW 43<sup>rd</sup> St  
Gainesville, FL 32606

**Delete:**      ***Paul Sargent***  
                 ***Philip Baker***