

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90078 024 \*\*\*\*70.00

**DOCUMENT # 711570**

1. Entity Name  
**MONROE ASSOCIATION FOR RETARDED CITIZENS,  
INC.**



Principal Place of Business  
**812 SOUTHARD ST  
PO BOX 428  
KEY WEST, FL 33041-0428**

Mailing Address  
**812 SOUTHARD ST  
PO BOX 428  
KEY WEST, FL 33041-0428**

40029300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-1031546**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 8. Name and Address of Current Registered Agent

**HAM, SUSAN  
2315 STAPLES AVENUE  
KEY WEST, FL 33040**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME FOWLER, RICHARD  
STREET ADDRESS 133 KEY HAVEN BLVD.  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE VD ☒ Delete  
NAME SYNON, IMOGENE  
STREET ADDRESS 420 FLEMING STREET  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE TD ☐ Delete  
NAME HAM, SUSAN  
STREET ADDRESS 2315 STAPLES AVENUE  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE S ☐ Delete  
NAME HYDE, SUE  
STREET ADDRESS 3307 PEARL AVENUE  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE D ☐ Delete  
NAME FLENARD-MOORE, DIANA  
STREET ADDRESS 6800 MALONEY AVE., #44  
CITY-ST-ZIP KEY WEST, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME **ROBERT B. SHILLINGER JR**  
STREET ADDRESS **1106 18th STREET**  
CITY-ST-ZIP **KEY WEST, FL. 33040**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/06**

Date

Daytime Phone #