


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 711570	
1. Entity Name MONROE ASSOCIATION FOR RETARDED CITIZENS, INC.	

FILED

09 FEB 19 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1401 SEMINARY ST KEY WEST, FL 33040	Mailing Address 1401 SEMINARY ST PO BOX 428 KEY WEST, FL 33041
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2. Principal Place of Business - No P.O. Box # <u>1401 Seminary</u>	3. Mailing Address <u>P.O. Box 428</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

12292008 Chg-NP CR2E037 (12/06)

City & State <u>KEY WEST, FL</u>	City & State <u>KEY WEST, FL</u>
Zip <u>33040</u>	Zip <u>33041</u>
Country <u>US</u>	Country <u>US</u>

4. FEI Number 59-1031546	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAM, SUSAN 2315 STAPLES AVENUE KEY WEST, FL 33040
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Susan Ham</u> DATE <u>2/13/09</u>

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOWLER, RICHARD 133 KEY HAVEN BLVD. KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHILLINGER, ROBERT B JR. 1105 18 M STREET KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAM, SUSAN 2315 STAPLES AVENUE KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, JUDITH 603 ELIZABETH ST #2 KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLENARD-MOORE, DIANA 6800 MALONEY AVE., #44 KEY WEST, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500144011405 02/13/09--01036--007 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARKE, JUDITH 603 ELIZABETH ST. #2 KEY WEST, FL. 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HINCHCLIFFE, LINDA 109 KEY HAVEN RD. KEY WEST, FL. 33040 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> DATE <u>2/13/09</u> DAYTIME PHONE # <u>305-294-9526</u>