2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711570

FILED Jan 05, 2010 Secretary of State

Entity Name: MONROE ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business: New Principal Place of Business:

1401 SEMINERY ST 1401 SEMINARY KEY WEST, FL 33040 KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

P.O. BOX 428

KEY WEST, FL 33041

FEI Number: 59-1031546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAM, SUSAN 2315 STAPLES AVENUE HAM, SUSAN 2315 STAPLES

KEY WEST, FL 33040 US KEY WEST, FL 33040 US

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.

SIGNATURE: 01/05/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: GEDMIN, JANINE
Address: 1107 WINDSOR LANE
City-St-Zip: KEY WEST, FL 33041

Title: VD

Name: CLARK, JUDITH CITIZEN Address: 1008 OLIVIA STREET City-St-Zip: KEY WEST, FL 33041

Title: TD

 Name:
 HAM, SUSAN

 Address:
 2315 STAPLES AVE

 City-St-Zip:
 KEY WEST, FL 33040

Title: 5

Name: CLARK, JUDITH
Address: 1008 OLIVIA STREET
City-St-Zip: KEY WEST, FL 33040

Title:

Name: FLENARD, DIANA
Address: 6800 MALOEY AVE
City-St-Zip: KEY WEST, FL 33040

Title:

Name: HINCHLIFFE, LINDA Address: 109 KEY HAVEN ROAD City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDITH CLARK VD 01/05/2010