SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:21

DOCUMENT # **718359** **(3)**

1. Corporation Name

OSCEOLA ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business	Mailing Address
310 N. CLYDE AVE KISSIMMEE FL 34741	310 N. CLYDE AVE KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1970
3a. Date of Last Report: 02/28/1994
4. FEI Number: 23-7063820 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

CLARK, FRANK G
1920 TAHITI PLACE
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PIERSON, MILDRED	12 NAME	
STREET ADDRESS	1590 TWELVE OAKS CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, DAVID	22 NAME	
STREET ADDRESS	114 DELAWARE AVE	23 STREET ADDRESS	
CITY ST ZIP	ST CLOUD FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, RICHARD	32 NAME	
STREET ADDRESS	806 HASTINGS DR.	33 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	34 CITY ST ZIP	
TITLE	ED	41 TITLE	☐ Change ☐ Addition
NAME	CLARK, FRANK G	42 NAME	
STREET ADDRESS	1920 TAHITI PLACE	43 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	44 CITY ST ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	MANNING, PATSY	52 NAME	
STREET ADDRESS	704 MANNING DRIVE	53 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	VIZEK, PEGGY	62 NAME	SECRETARY LAVELLE, JOHN B "JACK"
STREET ADDRESS	1307 HIGHLAND CIRCLE	63 STREET ADDRESS	2608 HORSESHOE BAY DRIVE
CITY ST ZIP	KISSIMMEE FL	64 CITY ST ZIP	KISSIMMEE, FLORIDA 34741-7418

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Frank G. Clark 6/8/95 (407) 847-6016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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