

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 718359 (3)
1. Corporation Name
OSCEOLA ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business

310 N. CLYDE AVE
KISSIMMEE FL 34741

Mailing Address

310 N. CLYDE AVE
KISSIMMEE FL 34741



500001882925

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3. Date Incorporated or Qualified **04/17/1970** 3a. Date of Last Report **06/14/1995**

4. FEI Number **23-7063820** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, FRANK G
1920 TAHITI PLACE
KISSIMMEE FL 34741**

81 Name **STRAYER, MARK A**
82 Street Address (P.O. Box Number is Not Acceptable) **1005 E HENRY AVE**
83
84 City **TAMPA** FL 85 Zip Code **33604**

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 **Mark A. Strayer, Executive Director** 4/1/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, MILDRED	1.2 NAME	SIMMONS, RICHARD
STREET ADDRESS	1590 TWELVE OAKS CIRCLE	1.3 STREET ADDRESS	806 HASTINGS DRIVE
CITY - ST - ZIP	KISSIMMEE FL	1.4 CITY - ST - ZIP	KISSIMMEE FL 34744
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DAVID	2.2 NAME	MANNING, PATSY
STREET ADDRESS	114 DELAWARE AVE	2.3 STREET ADDRESS	704 MANNING DRIVE
CITY - ST - ZIP	ST CLOUD FL	2.4 CITY - ST - ZIP	KISSIMMEE FL 34744
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, RICHARD	3.2 NAME	SCHUBERT, ZINA
STREET ADDRESS	806 HASTINGS DR.	3.3 STREET ADDRESS	2322 IRLO COURT
CITY - ST - ZIP	KISSIMMEE FL	3.4 CITY - ST - ZIP	KISSIMMEE FL 34741
TITLE	ED <input checked="" type="checkbox"/> DELETE	4.1 TITLE	EXECUTIVE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, FRANK G	4.2 NAME	STRAYER, MARK A
STREET ADDRESS	1920 TAHITI PLACE	4.3 STREET ADDRESS	1005 E HENRY AVE
CITY - ST - ZIP	KISSIMMEE FL	4.4 CITY - ST - ZIP	TAMPA FL 33604
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, PATSY	5.2 NAME	RALSTON, JOAN
STREET ADDRESS	704 MANNING DRIVE	5.3 STREET ADDRESS	1918 PARADISE DRIVE
CITY - ST - ZIP	KISSIMMEE FL	5.4 CITY - ST - ZIP	KISSIMMEE FL 34741
TITLE	SEC <input type="checkbox"/> DELETE	6.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVELLE, JOHN B "JACK"	6.2 NAME	POFFENBAUGH, BARBARA
STREET ADDRESS	2608 HORSESHOE BAY DRIVE	6.3 STREET ADDRESS	6110 E IRLO BRONSON HWY
CITY - ST - ZIP	KISSIMMEE FL	6.4 CITY - ST - ZIP	ST CLOUD FL 34769

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)(k), 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: **[Signature]** 4/1/96 (407) 847-6016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)