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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

718359

(3)

## OSCEOLA ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place	e of Business	Mailing Address						
310 N. CLYDE AVE KISSIMMEE FL 34741		310 N. CLYDE AVE			5000018:   -07/03/96010			
		KISSIMMEE FL 34741			****61.25	JZ4" "UI	Т	
					3. Date Incorporated or Qualified 04/17/1970		te of Last F 06/14/19	
2. Principal Pla	lace of Business	2a. Mailing Address	<del></del>		4. FEt Number		Α	Applied For
21		26			23-7063820		١	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Ζιρ	Country		8. This corporation has liability for			199.032,
24	25	29	30		, , , , , , , , , , , , , , , , , , , ,	Yes L		
	9. Name and Address of Cur	rrent Registered Agent	81	Name	10. Name and Address of New	Hegistered A	.geni	
					RAYER, MARK A			
	FRANK G		82		RAYER, MARK A ss (P.O. Box Number is Not Accepta	ible)		
	HITI PLACE		83	10	O5 E HENRY AVE			<del> </del>
NIGGINIA	AEE FL 34741		83					
MINIOCIN								
				City ጥል	MDA	FL	بوواا	Code 604
	to the provisions of Sections 617.0	1502 and 617.1508, Florida Statu	[]	TD A	MPA ion submits this statement for the pi	FL urpose of char	بوواا	co4
	to the provisions of Sections 617.0 red agent, or both, in the State of Fith and accept the obligations of S	1502 and 617.1508, Florida Statu Florida. Such change was authori Sertion 617.0503 Florida Statute	[]	TD A	MPA ion submits this statement for the pi of directors. Merely, accept the ap	FL urpose of char pointment as	بوواا	co4
11. Pursuant I or register familiar wi			[]	TD A	MPA ion submits this statement for the poor of directors. Merely accept the app	FL urpose of char pointment as	بوواا	co4
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CITY-S1-2IP KRSIMMEE FL

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 authorized that my name address.

62 NAME

63 STREET ADDRESS

SIGNATURE:

STREET ADORESS

LAVELLE, JOHN B "JACK"

2608 HORSESHOE BAY DRIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POFFENBAUGH, BARBARA

6110 E IRLO BRONSON HWY