FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 718359

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



02-22-1999 90123 041 ****70.00



_	Place of Business	2a. Mailing Address				3. Date incorporated or Qualifed				
21	 	26				04/17/1970				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		oplied For		
22		27				23-7063820		ot Applicable		
City & Sta	te	City & State	~ -			5. Certificate of Status Desired		Additional		
23	28			Country				equired		
Zip	Country	Zip	— ·	intry		6. Election Campaign Financing	•	May Be		
24	[25]		30			Trust Fund Contribution		to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
					81 Name					
MOON, WILLIAM A D					82 Street Address (P.O. Box Number is Not Acceptable)					
2950 ROBINS NEST CT										
ST CLOUD FL 34772				83						
				84	City		85 Zip	Code		
	•			•	Oity	FL	03 Z.P	1		
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	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered	Agent	t sionature rec	quired when reinstating) DATE				
12.	OFFICERS AN		13.	-		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	DRS IN 12		
TITLE			1,177	TLE		ED	17 Change	☐ Addition		
NAME	MOON, WILLIAM A D		1.2 NAME			MOON, WILLIAM A	_	_		
STREET ADDRESS		9				2950 ROBINS NEST CT)		
	KISSIMMEE FL							1		
CITY-ST-ZIP TITLE	†	₹ DELETE	1.4 CITY- 2.1 TITLE		-ZIP	T CLOUD, FL 34772	17 Change	Addition Addition		
	AAANNIAK DATOV	T A		•		•	- Gillerigo	A-		
NAME	MANNING, PATSY					BOBROFF, MIKE				
STREET ADDRESS					- 1	2381 OAKLEAF LANE		1		
CITY-ST-ZIP				ITY-ST		KISSIMMEE, FL 34744				
TITLE				TLE.		D	Change	☐ Addition		
NAME	orrobbin, mar		3.2 NA	l I		EVERS, MELVIN				
STREET ADDRESS	2322 IRLO COURT		3.3 ST	REET.	ADDRESS	910 EMMETT STREET		j		
CITY-ST-ZIP			3.4. C	3.4. CITY-ST-ZIP KI		KISSIMMEE, FL 34741	·			
TITLE	P	DELETE 4.1		TLE		VP	Change	Addition Addition		
NAME	EVERS, MELVIN		4. 2 N	AME	J	BOWEN, NEAL				
STREET ADDRESS	910 EMMETT ST	EMMETT ST 4.3		REET	ADDRESS	1527 REGAL CT ·				
CITY-ST-ZIP	KISSIMMEE FL 34741		4.4 CITY-1		-ZIP	KISSIMMEE, FL 34744				
TITLE	VP	₹ DELETE	5.1 TITLE			P	Change	Addition		
NAME	MCGILL, JACK	••	5.2 NAME			GREEN, CHARLES	-	.		
STREET ADDRESS			5.3 ST	REET		219 DELAWARE AVENUE		Ì		
CITY-ST-ZIP	ST CLOUD FL 34771	· · - · · · · · · · · · · · · · · · · ·				ST. CLOUD, FL 34769		Į		
TITLE	SEC SEC	₩ DELETE	5.4 CITY-S			SEC SEC	☐ Change	Addition		
		Mr secric	6.2 NA			-	C) ourninge	W. Garron		
NAME	PIERSON, MILLIE					DUTTON, ANN				
STREET ADDRESS	TOTAL COUPLINE CLASS COMPLETE		■ D.3.5	KEEL	MINISTER STATE	THE REPORT AND CUT		I .		

14. I hereby certify that the information supplied with this filing 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 areport 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, with all other like empowered.

SIGNATURE: W.O. SYNGATISHES REQUIRED
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-407-847-6016