


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90124 022 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 720322					
1. Corporation Name MILLSBOROUGH ASSOCIATION FOR RETARDED CITIZENS, INC.					
Principal Place of Business 2714 W. KRIBY ST. TAMPA, FL 33614 US			Mailing Address P.O. BOX 9537 TAMPA FL 33674 US		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/23/1971	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-0895908	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LILLISTON, RICHARD 9704 MONARCH DRIVE TAMPA FL 33618				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL		85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERMIDA, ROBERT			1.2 NAME			
STREET ADDRESS	3712 ORANGE PT. DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOBANIC, PATRICIA C			2.2 NAME	PD Bobanic, Patricia C.		
STREET ADDRESS	5003 GARRICK CT.			2.3 STREET ADDRESS	5003 Garrick Ct.		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Tampa, FL 33624		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRANNOCK, STEVEN			3.2 NAME			
STREET ADDRESS	8113 REVELS ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLOAN, RHONDA			4.2 NAME			
STREET ADDRESS	503 W. IDLEWILD AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33604			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	VPD Pinzel, Bonnie		
STREET ADDRESS				5.3 STREET ADDRESS	6710 N. River Blvd		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Tampa, FL 33604		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE: *Robert Hermida* SIGNATURE REQUIRED: *Robert Hermida* 1-8-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)