

**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 # **724144** (1)

1. Corporation Name

**ASSOCIATION FOR RETARDED CITIZENS OF ST. JOHNS COUNTY, INC.**



Principal Place of Business

Mailing Address

2101 ARC DRIVE  
ST. AUGUSTINE FL 32095  
US

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ST. AUGUSTINE FL 32095  
US

3. Date Incorporated or Qualified  
**08/17/1972**

3a. Date of Last Report  
**04/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**23-7201838**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Election Campaign Financing



**\$5.00 May Be Added to Fees**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, KATHY P.  
2101 ARC DR  
ST AUGUSTINE FL 32095

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 restating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME HALL, RUSTY  
STREET ADDRESS 501 C ST  
CITY - ST - ZIP ST. AUGUSTINE FL

1.1 TITLE P/D  Change  Addition  
1.2 NAME THOMPSON, PAUL  
1.3 STREET ADDRESS P.O. BOX 70  
1.4 CITY - ST - ZIP ST. AUGUSTINE, FL 32085

TITLE VD  DELETE  
NAME THOMPSON, PAUL  
STREET ADDRESS P.O. BOX 70 N/A  
CITY - ST - ZIP ST. AUGUSTINE FL

2.1 TITLE V/D  Change  Addition  
2.2 NAME ANN BARZSO  
2.3 STREET ADDRESS 63 ORANGE STREET  
2.4 CITY - ST - ZIP ST. AUGUSTINE, FL 32084

TITLE SD  DELETE  
NAME BRINKHOFF, MARIANNE  
STREET ADDRESS FIRST UNION BANK, 24 CATHEDRAL PL  
CITY - ST - ZIP ST. AUGUSTINE FL

3.1 TITLE S/D  Change  Addition  
3.2 NAME DOT MARONEL  
3.3 STREET ADDRESS 212 CABEZA STREET  
3.4 CITY - ST - ZIP ST. AUGUSTINE, FL 32084

TITLE TD  DELETE  
NAME EDMISTON, M. GREER  
STREET ADDRESS 17 CORDOVA ST  
CITY - ST - ZIP ST. AUGUSTINE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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: *Paul J. Thompson*

4-24-96

904-471-1804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)