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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 14 1997 8:00am

Secretary of State

2/2/21

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724144

(1)

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

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Principal Place of Business Mailing Address 2101 ARC DRIVE 2101 ARC DRIVE ST. AUGUSTINE FL 32095-3211 ST. AUGUSTINE FL 32095 US 3. Date Incorporated or Qualified 08/17/1972 3a. Date of Last Report 05/01/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 23-7201838 Not Applicable 21 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible thx under s. 199.032, Florida Statutes Yes X No Country Ζiρ Country Zφ 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JACKSON, KATHY P. Street Address (P.O. Box Number is Not Acceptable) 82 2101 ARC DR 63 ST AUGUSTINE FL 32095 Zip Code R4 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, lyped or printed name of registered agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELFTE 1.1 TITLE TITLE THOMPSON, PAUL NAME 1.2 NAME P O BOX 70 N/A STREET ADDRESS 1,3 STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP **X** DELETE X Addition 2.1 TITLE TITLE VD BARZSO, ANN 2.2 NAME NAME MICHAEL DAVIS 63 ORANGE ST STREET ADDRESS 2.3 STREET ADDRESS 3940 LEWIS SPEEDWAY ST. AUGUSTINE FL 2 4 City - ST - 2IP ST. AUGUSTINE FL CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE MARONEL, DOT 3.2 NAME NAME 212 CABEZA ST 3.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ___ Addition DELETE ☐ Change TITLE 4.1 TITLE NAME EDMISTON, M. GREER 4. 2 NAME 17 CORDOVA ST STREET ADDRESS 4.3 STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C(TY - ST - Z)P CITY-ST-ZIP 14. I do 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name