

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 3: 17

DOCUMENT # 724184 (7)
1. Corporation Name
ASSOCIATION FOR RETARDED CITIZENS/ESCAMBIA, INC.

Principal Place of Business Mailing Address
3913 NORTH 10TH AVENUE PENSACOLA FL 32503-2806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/24/1972** 3a. Date of Last Report **04/14/1994**
4. FEI Number **59-0940528** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**FASSETT, DONNA
3913 N. TENTH AVE
PENSACOLA FL 32503**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 607.1505, Florida Statutes.

SIGNATURE *Donna Fassett* **Donna Fassett, Executive Director** **3/8/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	D
NAME	NORTHUP, LARRY	
STREET ADDRESS	1820 N.-14TH AVE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VP	D
NAME	SIMS, DOT	
STREET ADDRESS	527 BOBWHITE CT	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	T	D
NAME	EVANS, JIM	
STREET ADDRESS	3009 BLACKSHEAR	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	S	D
NAME	COVERT, SHIRLEY	
STREET ADDRESS	3393 DURNY DR	
CITY - ST - ZIP	CANTONMENT FL	
TITLE	ED	D
NAME	FASSETT DONNA	
STREET ADDRESS	3913 N TENTH AVE	N/A
CITY - ST - ZIP	PENSACOLA FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WELCH, JOHN	
1.3 STREET ADDRESS	POST OFFICE BOX 12605	241 Datura
1.4 CITY - ST - ZIP	PENSACOLA, FL 32574	PENSACOLA 32503
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COVERT, SHIRLEY	
2.3 STREET ADDRESS	3393 Durney Dr.	
2.4 CITY - ST - ZIP	Cantonment, FL 32533	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	remains the same	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SIMS, DOT	
4.3 STREET ADDRESS	527 Bobwhite Ct.	
4.4 CITY - ST - ZIP	Pensacola, FL 32514	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	REMAINS THE SAME	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP	N/A	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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; that the receiver or trustee empowered to execute this report as required by Chapter 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donna Fassett* **Donna Fassett, Executive Director** **3/8/95** **904-434-2638**
Signature and typed or printed name of signing officer or director (Date) (Phone Area #)