

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 08/24/1972
3a. Date of Last Report: 04/05/1995
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 3913 N. Tenth Ave., Suite, Apt. #, etc. 22 Pensacola, FL 23 32503 USA
2a. Mailing Address: 26 3913 N. Tenth Ave., Suite, Apt. #, etc. 27 Pensacola, FL 28 32503 USA
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: Donna Fassett, 82 Street Address: 3913 N. Tenth Avenue, 83 City: Pensacola, 84 State: FL, 85 Zip Code: 32503

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *Donna Fassett* Donna Fassett, Executive Director 4/15/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, JOHN	
STREET ADDRESS	241 DATURA	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	COVERT, SHIRLEY	
STREET ADDRESS	3393 DURNY DR.	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, JIM	
STREET ADDRESS	3009 BLACKSHEAR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SIMS, DOT	
STREET ADDRESS	527 BOBWHITE CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	FASSETM DONNA	
STREET ADDRESS	3913 N TENTH AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '96

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COVERT, SHIRLEY	
1.3 STREET ADDRESS	3393 Durney Dr	
1.4 CITY-ST-ZIP	Cantonment, FL 32533	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVANS, JAMES	
2.3 STREET ADDRESS	3009 Blackshear Ave	
2.4 CITY-ST-ZIP	Pensacola, FL 32503	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLACKWELL, JAMES	
3.3 STREET ADDRESS	2412 Oakhills Circle,	
3.4 CITY-ST-ZIP	Pensacola, FL 32514	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FLEMING, JENNIFER	
4.3 STREET ADDRESS	2604 Yates Ave.	
4.4 CITY-ST-ZIP	Pensacola, FL 32503	
5.1 TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FASSETT, DONNA	
5.3 STREET ADDRESS	3913 N. Tenth Ave,	
5.4 CITY-ST-ZIP	Pensacola, FL 32503	
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 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: *Donna Fassett* 4/15/96 (904) 434-2638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Donna Fassett, Executive Director Date: 4/15/96 Daytime Phone #: (904) 434-2638

CR2E037 (12/95)