

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 Mailing Address
3913 NORTH 10TH AVENUE
PENSACOLA FL 32503-2806

ASSOCIATION FOR RETARDED CITIZENS/ESCAMBIA, INC.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3913 N. Tenth Ave.		26		08/24/1972		04/05/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-0940528		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Pensacola, FL		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24 32503		25 USA		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

FASSETT, DONNA
3913 N. TENTH AVE
PENSACOLA FL 32503

81 Name **Donna Fassett**
82 Street Address (P.O. Box Number is Not Acceptable)
3913 N. Tenth Avenue
83 **Pensacola**
84 City
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
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 '92	
TITLE	PD	1.1 TITLE	PD
NAME	WELCH, JOHN	1.2 NAME	COVERT, SHIRLEY
STREET ADDRESS	241 DATURA	1.3 STREET ADDRESS	3393 Durney Dr
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Cantonment, FL 32533
TITLE	VPD	2.1 TITLE	VPD
NAME	COVERT, SHIRLEY	2.2 NAME	EVANS, JAMES
STREET ADDRESS	3393 DURNLEY DR.	2.3 STREET ADDRESS	3009 Blackshear Ave Pensacola, FL 32503
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	EVANS, JIM	3.2 NAME	BLACKWELL, JAMES
STREET ADDRESS	3009 BLACKSHEAR	3.3 STREET ADDRESS	2412 Oakhills Circle, Pensacola, FL 32514
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD
NAME	SIMS, DOT	4.2 NAME	FLEMING, JENNIFER
STREET ADDRESS	527 BOBWHITE CT	4.3 STREET ADDRESS	2604 Yates Ave. Pensacola, FL 32503
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	ED	5.1 TITLE	ED
NAME	FASSETT DONNA	5.2 NAME	FASSETT, DONNA
STREET ADDRESS	3913 N TENTH AVE	5.3 STREET ADDRESS	3913 N. Tenth Ave, Pensacola, FL 32503
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donna Fassett, Executive Director

4/15/96 (904) 434-2638

Date Daytime Phone #

CR2E037 (12/95)