

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



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

3. Date Incorporated or Qualified: 08/24/1972  
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	3916 N. Tenth Ave	26	3916 N. Tenth Ave.	59-0940528		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22	Pensacola	27	Pensacola	<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23	FL	28	FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	32503	25	Escambia	29	32503	30	Escambia
Zip		Country		Zip		Country	

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 FASSETT, DONNA		
				82	Street Address (P.O. Box Number is Not Acceptable) 3916 N. Tenth Ave		
				83	City 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COVERT, SHIRLEY			1.2 NAME	COVERT, SHIRLEY		
STREET ADDRESS	3393 DURNEY DR			1.3 STREET ADDRESS	3393 Durney Dr.		
CITY - ST - ZIP	CANTONMENT FL			1.4 CITY - ST - ZIP	Cantonment, FL 32533		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, JAMES			2.2 NAME	EVANS, JAMES		
STREET ADDRESS	3009 BLACKSHEAR AVE			2.3 STREET ADDRESS	3009 Blackshear Ave		
CITY - ST - ZIP	PENSACOLA FL			2.4 CITY - ST - ZIP	Pensacola, FL 32503		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKWELL, JAMES			3.2 NAME	BLACKWELL, JAMES		
STREET ADDRESS	2412 OAKHILLS CIRCLE			3.3 STREET ADDRESS	2412 Oakhills Cir		
CITY - ST - ZIP	PENSACOLA FL			3.4 CITY - ST - ZIP	Pensacola, FL		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLEMING, JENNIFER			4.2 NAME	FLEMING, JENNIFER		
STREET ADDRESS	2604 YATES AVE			4.3 STREET ADDRESS	2604 Yates Ave.		
CITY - ST - ZIP	PENSACOLA FL			4.4 CITY - ST - ZIP	Pensacola, FL 32504		
TITLE	ED	<input type="checkbox"/> DELETE		5.1 TITLE	ED	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FASSETT, DONNA			5.2 NAME	FASSETT, DONNA		
STREET ADDRESS	3913 N TENTH AVE			5.3 STREET ADDRESS	3916 N. Tenth Ave Pensacola, FL		
CITY - ST - ZIP	PENSACOLA FL			5.4 CITY - ST - ZIP	32503		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 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 Fasset* 5/7/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)