


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 724184 (7)

1. Corporation Name
ASSOCIATION FOR RETARDED CITIZENS/ESCAMBIA, INC.



Principal Place of Business 3916 N 10TH AVENUE PENSACOLA FL 32503-2806 US	Mailing Address 3916 N 10TH AVENUE PENSACOLA FL 32503-2806 US
---	---

3. Date Incorporated or Qualified 08/24/1972	
4. FEI Number 59-0940528	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FASSETT, DONNA
3916 N 10TH AVENUE
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	85 Zip Code

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 *Donna Fasset* DATE **2/16/98**

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 VP	<input type="checkbox"/> DELETE	2.1 TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVANS, JAMES		2.2 NAME EVANS, JAMES	
STREET ADDRESS 3009 BLACKSHEAR AVE		2.3 STREET ADDRESS 3407 APPLGATE DR	
CITY-ST-ZIP PENSACOLA FL		2.4 CITY-ST-ZIP PENSACOLA, FL 32514	
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 32514	
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 32503	
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 3916 N 10TH AVENUE		5.3 STREET ADDRESS 3916 N. TENTH AVE	
CITY-ST-ZIP PENSACOLA FL		5.4 CITY-ST-ZIP PENSACOLA, FL 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 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* DATE **2/16/98**

CP2E037 (10/97)