


FILE NOW: FILING FEE IS \$61.25

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

9. Name and Address of Current Registered Agent FASSETT, DONNA 3916 N 10TH AVENUE PENSACOLA FL 32503	
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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
FL	

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*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	COVERT, SHIRLEY	1.2 NAME	COVERT, SHIRLEY
STREET ADDRESS	3393 DUNEY DR	1.3 STREET ADDRESS	3393 DUNEY DR
CITY-ST-ZIP	CANTONMENT FL	1.4 CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VP	2.1 TITLE	VP/D
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	3.1 TITLE	TD
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	4.1 TITLE	SD
NAME	FLEMING, JENNIFER	4.2 NAME	FLEMING, JENNIFER
STREET ADDRESS	2804 YATES AVE	4.3 STREET ADDRESS	2604 YATES AVE
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	ED	5.1 TITLE	ED
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		6.1 TITLE	
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*

CR2E037 (10/97)