


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90189 044 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 724184 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	
ARC/Escambia		ARC/Escambia	
2. Principal Place of Business 21 3916 N. Tenth Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 3916 N. Tenth Ave. Suite, Apt. #, etc.	
22 City & State 23 Pensacola, FL Zip Country 24 32503 25 USA		27 City & State 28 Pensacola, FL Zip Country 29 32503 30 USA	
3. Date Incorporated or Qualified 08/24/1972		4. FEI Number 59-0940528	
5. Certificate of Status Desired XX \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Donna Fassett, Executive Director 82 Street Address (P.O. Box Number is Not Acceptable) 83 3916 N. Tenth Ave. 84 City Pensacola 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 _____ 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 12	
TITLE PD NAME COVERT, SHIRLEY STREET ADDRESS 3393 DURNEY DR CITY-ST-ZIP CANTONMENT FL 32533	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME LEAHY, ROSILAN 1.3 STREET ADDRESS 1086 Seabreeze Lane 1.4 CITY-ST-ZIP Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME EVANS, JAMES STREET ADDRESS 3009 BLACKSHEAR AVE CITY-ST-ZIP PENSACOLA FL 32514	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME REYNOLDS, HARRIS 2.3 STREET ADDRESS 281 Plantation Road 2.4 CITY-ST-ZIP Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME BLACKWELL, JAMES STREET ADDRESS 2412 OAKHILLS CIRCLE CITY-ST-ZIP PENSACOLA FL 32514	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD 3.2 NAME EVANS, JAMES 3.3 STREET ADDRESS 3407 Applegate Drive 3.4 CITY-ST-ZIP Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME FLEMING, JENNIFER STREET ADDRESS 2604 YATES AVE CITY-ST-ZIP PENSACOLA FL 32503	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD 4.2 NAME HAYES, LYNN 4.3 STREET ADDRESS 5122 Gullpoint Drive 4.4 CITY-ST-ZIP Pensacola, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ED NAME FASSETT, DONNA STREET ADDRESS 3916 N 10TH AVENUE CITY-ST-ZIP PENSACOLA FL 32503	<input type="checkbox"/> DELETE	5.1 TITLE ED 5.2 NAME FASSETT, DONNA 5.3 STREET ADDRESS 3916 N. Tenth Ave. 5.4 CITY-ST-ZIP Pensacola, FL 32503	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Donna Fassett **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

850-434-2638

Daytime Phone #

CR2E037 (1/98)

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