

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 729656 (9)  
1. Corporation Name  
**ASSOCIATION FOR RETARDED CITIZENS/MADISON-JEFFERSON, INC.**



Principal Place of Business Mailing Address  
**100 COMMERCE DRIVE  
P O BOX 912  
MADISON FL 32340**

3. Date Incorporated or Qualified **05/13/1974** 3a. Date of Last Report **04/28/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>59-1568446</b>	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**HARDEE, CARY A.  
901 W. BASE ST.  
MADISON FL 32340**

**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

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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, LUCILE	1.2 NAME	JOYNER, CHRISTINE
STREET ADDRESS	P.O. BOX 55 NA	1.3 STREET ADDRESS	P.O. Box 569 N/A
CITY-ST-ZIP	GREENVILLE FL 32331	1.4 CITY-ST-ZIP	GREENVILLE, FL. 32331
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITMER, BUDDY	2.2 NAME	BRAWELL, KATHLEEN
STREET ADDRESS	RT 2 BOX 25	2.3 STREET ADDRESS	RTE. 3, BOX 35
CITY-ST-ZIP	GREENVILLE FL	2.4 CITY-ST-ZIP	GREENVILLE, FL. 32331
TITLE	<del>STD</del> <input type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>MUTCH, OPHELIA</del>	3.2 NAME	ARCHAMBAULT, CHERYL
STREET ADDRESS	<del>RTE 4 BOX 22</del>	3.3 STREET ADDRESS	RTE. 2, BOX 1265
CITY-ST-ZIP	<del>GREENVILLE FL 32331</del>	3.4 CITY-ST-ZIP	MADISON, FL. 32340
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	DELAUGHTER, DAVID	4.2 NAME	
STREET ADDRESS	P.O. BOX 91 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	GLEE, GARY SR	5.2 NAME	
STREET ADDRESS	RTE 3 BOX 16A NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	50000185138 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENNEMAN, STUART	6.2 NAME	-06/05/96--01021--030
STREET ADDRESS	P.O. BOX 449 NA	6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	MADISON FL 32340	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: Ernest J. Bruton (ERNEST J. BRUTON) 4/29/96 (904) 773-4614  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)