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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 100 COMMERCE DRIVE P O BOX 912 MADISON FL 32340
Mailing Address: 100 COMMERCE DRIVE P O BOX 912 MADISON FL 32340-3213

3. Date Incorporated or Qualified: 05/13/1974
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-1568446
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAY, LUCILE	
STREET ADDRESS	P.O. BOX 55 NA	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WITMER, BUDDY	
STREET ADDRESS	RT 2 BOX 25	
CITY-ST-ZIP	GREENVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOYNER, CHRISTINE	
STREET ADDRESS	P.O. BOX 569 N A	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELAUGHTER, DAVID	
STREET ADDRESS	P.O. BOX 91 NA	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GLEE, GARY SR	
STREET ADDRESS	RTE 3 BOX 16A NA	
CITY-ST-ZIP	GREENVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FENNEMAN, STUART	
STREET ADDRESS	P.O. BOX 449 NA	
CITY-ST-ZIP	MADISON FL 32340	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Sandra B. Mortham* (Signature and Typed Name of Signing Officer or Director) 4/15/97 (904) 973-5022 Date Daytime Phone # 0000993

CR2E037 (9/96)