

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 22, 1999 8:00 am
Secretary of State

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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



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/13/1974
22	22. City & State	27	27. City & State	4	4. FEI Number
	Zip		Country		59-1568446
23	23. Zip	28	28. Zip	5	5. Certificate of Status Desired
	Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required
24	24. Zip	29	29. Zip	6	6. Election Campaign Financing Trust Fund Contribution
	Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARDEE, CARY A. 901 W. BASE ST. MADISON FL 32340		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
			FL 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 _____ DATE _____
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	ST <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, LUCILE	1.2 NAME	MARY COODY
STREET ADDRESS	P.O. BOX 55 NA	1.3 STREET ADDRESS	RTE. 3, Box 2300
CITY-ST-ZIP	GREENVILLE FL 32331	1.4 CITY-ST-ZIP	MADISON, FL. 32340
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DOUGLAS	2.2 NAME	
STREET ADDRESS	500 S W HARRY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, DOROTHY	3.2 NAME	
STREET ADDRESS	P O BOX 453	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE FL 32331	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEE, GARY SR	4.2 NAME	
STREET ADDRESS	RTE 3 BOX 16A NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENNEMAN, STUART	5.2 NAME	
STREET ADDRESS	P.O. BOX 449 NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASWELL, KATHLEEN	6.2 NAME	
STREET ADDRESS	RT 3 BOX 35	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE FL 32331	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, with all other like empowered.

SIGNATURE: Darylatia R. GARDL. GLEE, SR. DATE: 5/14/99 DAYTIME PHONE #: (850) 973-4375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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