

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-12-2002 90640 040 ****61.25

DOCUMENT # 729656

1. Entity Name
ASSOCIATION FOR RETARDED CITIZENS/MADISON-JEFFERSON, INC.

| | | | |
|--|---------|--|---------|
| Principal Place of Business 100 COMMERCE DRIVE P O BOX 812 MADISON FL 32340 | | Mailing Address 100 COMMERCE DRIVE P O BOX 812 MADISON FL 32340 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1568446** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent HARDEE, CARY A. 901 W. BASE ST. MADISON FL 32340 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
|--|--|---|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|--|---|--|
| TITLE: ST | DAY, LUCILE P.O. BOX 55 NA GREENVILLE FL 32331 <input type="checkbox"/> Delete | TITLE: _____ | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | BROWN, DOUGLAS 500 S W HORRY ST MADISON FL 32340 <input checked="" type="checkbox"/> Delete | TITLE: DIRECTOR | ETHELENE HAYES P.O. Box 818 GREENVILLE, FL 32331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D | GRIFFIN, DOROTHY P.O. BOX 453 GREENVILLE FL 32331 <input type="checkbox"/> Delete | TITLE: _____ | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: P | GLEE, GARY SR RTE 3 BOX 16A NA GREENVILLE FL <input type="checkbox"/> Delete | TITLE: _____ | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | COODY, MARY RT 3 BOX 1250 MADISON FL 32340 <input type="checkbox"/> Delete | TITLE: _____ | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP | BRASWELL, KATHLEEN RT 3 BOX 35 GREENVILLE FL 32331 <input type="checkbox"/> Delete | TITLE: _____ | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ernest J. Bruton** **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-24-02** Daytime Phone #: **(850) 973-4325**

CRE037 (9/01)