

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90378 030 ****61.25



DOCUMENT # 729656
 1. Entity Name
ASSOCIATION FOR RETARDED CITIZENS/MADISON-JEFFERSON, INC.

Principal Place of Business
 122 SW COMMERCE DRIVE
 MADISON, FL 32340

Mailing Address
 P.O. BOX 912
 MADISON, FL 32340

40061000



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country
 Zip **32341** Country

04182006 Chg-NP CR2E037 (11/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--------------------------------------------|
| TITLE | ST | <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 | HAYES, ETHELENE | |
| STREET ADDRESS | 4625 BRIARBERRY DR. | |
| CITY-ST-ZIP | VALDOSTA, GA 31602 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MEGGS, ED | |
| STREET ADDRESS | 500 S DUVAL ST. | |
| CITY-ST-ZIP | MADISON, FL 32340 | |
| TITLE | P | <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 | COODY, MARY | |
| STREET ADDRESS | 1716 NW COUNTY RD 150 | |
| CITY-ST-ZIP | MADISON, FL 32340 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BRASWELL, KATHLEEN | |
| STREET ADDRESS | RT 3 BOX 35 | |
| CITY-ST-ZIP | GREENVILLE, FL 32331 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------|------------------------------------------------------------------------------|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STUART FENNEMAN | |
| STREET ADDRESS | 11085 E US HWY 90 | |
| CITY-ST-ZIP | LEE, FL 32059 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHARSON CHERRY | |
| STREET ADDRESS | P.O. BOX 218 | |
| CITY-ST-ZIP | LEE FL 32059 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARGUERITE PAGE | |
| STREET ADDRESS | P.O. BOX 578 | |
| CITY-ST-ZIP | MADISON FL 32341 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kathleen Braswell **4-19-06** **850-973-5061**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #