


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90234 039 ****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 32341**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



04192007 Chg-NP CR2E037 (12/06)

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 type="checkbox"/> Delete
NAME	CHERRY, CARSON	
STREET ADDRESS	P.O. BOX 218	
CITY-ST-ZIP	LEE, FL 32059	
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	1718 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	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		
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 Date: 4/20/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR