


**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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARDEE, CARY A. 901 W. BASE ST. MADISON, FL 32340		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ST <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, LUCILE	NAME	STUART FENNEMAN
STREET ADDRESS	P.O. BOX 55 NA	STREET ADDRESS	11085 E US HWY 90
CITY-ST-ZIP	GREENVILLE, FL 32331	CITY-ST-ZIP	LEE, FL 32059
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERRY, CARSON	NAME	MARGUERITE PAGE
STREET ADDRESS	P.O. BOX 218	STREET ADDRESS	P.O. Box 578
CITY-ST-ZIP	LEE, FL 32059	CITY-ST-ZIP	MADISON, FL 32341
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEGGS, ED	NAME	
STREET ADDRESS	500 S DUVAL ST.	STREET ADDRESS	
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEE, GARY SR	NAME	
STREET ADDRESS	RTE 3 BOX 16A NA	STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COODY, MARY	NAME	
STREET ADDRESS	1716 NW COUNTY RD 150	STREET ADDRESS	
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASWELL, KATHLEEN	NAME	
STREET ADDRESS	RT 3 BOX 35	STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE, FL 32331	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: <i>Kathleen Braswell</i>		Date: <i>4/20/07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	