


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 033 ****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		04012008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1568446	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEGGS, ED		NAME	BRASWELL, KATHLEEN	
STREET ADDRESS	500 S DUVAL ST.		STREET ADDRESS	4245 NW HONEYLAKE RD	
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEE, GARY SR		NAME	MEGGS, ED	
STREET ADDRESS	RTE 3 BOX 16A NA		STREET ADDRESS	P.O. BOX 834	
CITY-ST-ZIP	GREENVILLE, FL		CITY-ST-ZIP	MADISON, FL 32341	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COODY, MARY		NAME	WILLIAMS, JAMES	
STREET ADDRESS	1716 NW COUNTY RD 150		STREET ADDRESS	1179 SE ROBINWOOD DR	
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP	MADISON, FL 32340	
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: 4/9/08		Daytime Phone #: 850-972-3061	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					