

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729656

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

122 SW COMMERCE DRIVE
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 912
MADISON, FL 32341

New Mailing Address:

FEI Number: 59-1568446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDEE, CARY A.
901 W. BASE ST.
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: DAY, LUCILE
Address: P.O. BOX 55 NA
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: CHERRY, CARSON
Address: P.O. BOX 218
City-St-Zip: LEE, FL 32059

Title: VP () Delete
Name: BRASWELL, KATHLEEN
Address: 4245 NW HONEYLAKE RD.
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: MEGGS, ED
Address: P.O. BOX 834
City-St-Zip: MADISON, FL 32341

Title: D () Delete
Name: COODY, MARY
Address: 1716 NW COUNTY RD 150
City-St-Zip: MADISON, FL 32340

Title: VP () Delete
Name: BRASWELL, KATHLEEN
Address: RT 3 BOX 35
City-St-Zip: GREENVILLE, FL 32331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: CHERRY, CARSON
Address: P.O. BOX 218
City-St-Zip: LEE, FL 32059

Title: D (X) Change () Addition
Name: GLEE, GARY
Address: P.O. BOX 912
City-St-Zip: MADISON, FL 32331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIAMS, JAMES
Address: 1179 SE ROBINWOOD DR
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE BECK

Electronic Signature of Signing Officer or Director

CFO

04/20/2009

Date