

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90009 026 ****61.25

DOCUMENT # 729656



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

Principal Place of Business
**100 COMMERCE DRIVE
P O BOX 912
MADISON FL 32340**

Mailing Address
**100 COMMERCE DRIVE
P O BOX 912
MADISON FL 32340**

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

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

City & State

City & State

Zip Country Zip Country

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	HAYES, ETHELENE	
STREET ADDRESS	PO BOX 818	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, DOROTHY	
STREET ADDRESS	P O BOX 453	
CITY-ST-ZIP	GREENVILLE FL 32331	
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	RT 3 BOX 1250	
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	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Bass	
STREET ADDRESS	1000 Turner Davis Dr.	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Meggs	
STREET ADDRESS	500 S. Duval St.	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carson Cherry	
STREET ADDRESS	P.O. Box 218	
CITY-ST-ZIP	Lee, FL 32059	
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 exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED *Lucile Day* 4/29/03 (850)973-4614

11000004



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)