

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733596 (1)

1. Corporation Name

ASSOCIATION FOR RETARDED CITIZENS OF INDIAN RIVER COUNTY, INC.



Principal Place of Business: 1375-16TH AVENUE, VERO BEACH FL 32960-3768  
Mailing Address: 1375-16TH AVENUE, VERO BEACH FL 32960-3768

3. Date Incorporated or Qualified: 08/18/1975  
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1626205	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HURST, HARRY, R., ED. D.  
1375 16 AVENUE  
VERO BEACH FL 32960

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDD ROODE, LINDA P.O. BOX T/NA VERO BEACH FL 32961	<input checked="" type="checkbox"/> DELETE	
NAME	VCD SMITH, DEENA 2175 SEMINOLE SHORE LANE VERO BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VCD JOHNSTON, TED P.O. BOX 3610 VERO BEACH FL 32964-3610	<input checked="" type="checkbox"/> DELETE	1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 217 SEMINOLE SHORE LANE 1.4 CITY-ST-ZIP VERO BEACH, FL 32963
		<input type="checkbox"/> DELETE	2.1 TITLE VCD 2.2 NAME ROODE, LINDA 2.3 STREET ADDRESS P.O. BOX T/NA 2.4 CITY-ST-ZIP VERO BEACH, FL 32961
		<input type="checkbox"/> DELETE	3.1 TITLE VCD 3.2 NAME DR. FRANKLIN COX 3.3 STREET ADDRESS 4603 SUNSET DRIVE 3.4 CITY-ST-ZIP VERO BEACH, FL 32963
		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)