


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

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733596 (1)**  
 1. Corporation Name  
**ASSOCIATION FOR RETARDED CITIZENS OF INDIAN RIVER COUNTY, INC.**



Principal Place of Business <b>1375-16TH AVENUE VERO BEACH FL 32960-3768</b>	Mailing Address <b>1375-16TH AVENUE VERO BEACH FL 32960-3768</b>
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3. Date Incorporated or Qualified <b>08/18/1975</b>		
4. FEI Number <b>59-1626205</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Zip	29. Zip
Country	Country

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SDD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, DEENA</b>	
STREET ADDRESS	<b>217 SEMINOLE SHORE LANE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>VCD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JEFFREY BARTON</b>	
STREET ADDRESS	<b>P.O. BOX 2211 N/A</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>VCD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COX, FRANKLIN D</b>	
STREET ADDRESS	<b>4603 SUNSET DRIVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>SDD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JEFFREY BARTON</b>	
1.3 STREET ADDRESS	<b>P.O. BOX 2211 N/A</b>	
1.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32964</b>	
2.1 TITLE	<b>VCD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>REESE BRACKINS</b>	
2.3 STREET ADDRESS	<b>5240 20TH ST</b>	
2.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32966</b>	
3.1 TITLE	<b>WCD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MICHAEL O'HAIRE</b>	
3.3 STREET ADDRESS	<b>3111 CARDINAL DR</b>	
3.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**CC 3/2**

14. 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 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: *[Handwritten Signature]* 2/19/98 561-562-1551

CR2E037 (10/97)