

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90395 001 ****61.25

DOCUMENT # **733596**



1. Entity Name
**ASSOCIATION FOR RETARDED CITIZENS OF INDIAN RIVE
R COUNTY, INC.**

Principal Place of Business
**1375-16TH AVENUE
VERO BEACH FL 32960-3768**

Mailing Address
**1375-16TH AVENUE
VERO BEACH FL 32960-3768**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1626205**

Applied For
Not Applicable

Zip Country

Zip Country

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

**BAKER, ROGER
1375 16TH AVENUE
VERO BEACH FL 32960**

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 **4-23-03**

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	VCD	<input type="checkbox"/> Delete
NAME	BARKETT, ERIC	
STREET ADDRESS	2165 15TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	O'HAIRE, MICHAEL	
STREET ADDRESS	3111 CARDINAL DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	PICKEN, WILLIAM	
STREET ADDRESS	87 CACHE CAY DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	EXDD	<input type="checkbox"/> Delete
NAME	BAKER, ROGER	
STREET ADDRESS	1375 16TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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**

DATE **4-23-03** 772-862-6884

CR2E037 (10/02)