

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90368 016 \*\*\*\*70.00

<b>DOCUMENT # 734658</b>					
1. Entity Name PALM BEACH COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.					
Principal Place of Business 1201 AUSTRALIAN AVE. RIVIERA BEACH, FL 33404		Mailing Address 1201 AUSTRALIAN AVE. RIVIERA BEACH, FL 33404			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-0883386				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAIRD, JOYCE W. 1201 AUSTRALIAN AVE. RIVIERA BEACH, FL 33404			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILDAY, KIERAN		NAME		
STREET ADDRESS	1201 AUSTRALIAN AVE		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP		
TITLE	PED	<input checked="" type="checkbox"/> Delete	TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONSUK, FLORENCE		NAME	Poole, Michele	
STREET ADDRESS	1201 AUSTRALIAN AVE		STREET ADDRESS	1201 Australian Ave	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVETT, ANTHONY		NAME		
STREET ADDRESS	1201 AUSTRALIAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, ANDREA		NAME	Seiler, Florence	
STREET ADDRESS	1201 AUSTRALIAN AVE		STREET ADDRESS	1201 Australian Ave	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, MICHELE M		NAME	Ruedisili, Debra	
STREET ADDRESS	1201 AUSTRALIAN AVENUE		STREET ADDRESS	1201 Australian Ave	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIRD, JOYCE		NAME		
STREET ADDRESS	1201 AUSTRALIAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		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: 		Joyce W. Laird		3-29-04 561-842-3213	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	