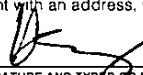


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90017 049 ****70.00

DOCUMENT # 734658 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0883386	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLSHANSKY, HOWARD S 1201 AUSTRALIAN AVE. RIVIERA BEACH, FL 33404				7. Name and Address of New Registered Agent 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					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PPD SEILER, FLORENCE 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michele Poole 1201 Australian Avenue Riviera Beach, FL 33404
☒ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED RUEDISILI, DEBRA 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRAMER, CHUCK 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POOLE, MICHELE 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. Thomas Mayes 1201 Australian Avenue Riviera Beach, FL 33404
☒ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRANE, MARY BETH 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSHANSKY, HOWARD S 1201 AUSTRALIAN AVE. RIVIERA BEACH, FL 33404	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Howard S. Olshansky 1-5-07 561-842-3213					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

400003104



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0883386

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

**OLSHANSKY, HOWARD S
1201 AUSTRALIAN AVE.
RIVIERA BEACH, FL 33404**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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RIVIERA BEACH, FL 33404

☒ Delete

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Michele Poole
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☒ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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TD
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RIVIERA BEACH, FL 33404

☐ Delete

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☐ Change ☐ Addition

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POOLE, MICHELE
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☒ Delete

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☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

Howard S. Olshansky 1-5-07 561-842-3213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #