

FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735435

1. Corporation Name

FRIENDS OF RETARDED, INC.

Principal Place of Business

3178 VIA POINCANA #209
LAKE WORTH FL 33467-1978

Mailing Address

3178 VIA POINCANA #209
LAKE WORTH FL 33467-1978



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1976	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2117685	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MAGID, AUGUSTA 3597 BORDIE DR. #303 LAKE WORTH FL 33467				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 <i>Augusta Magid</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	WEINPRESS, CHARLOTTE				
STREET ADDRESS	3178 VIA POINCANA #209				
CITY-ST-ZIP	LAKE WORTH FL 33467-1978				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	ULLMAN, MYRA				
STREET ADDRESS	3358 PERIMETER DR				
CITY-ST-ZIP	LAKE WORTH FL 33467				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	GROSS, FRAN				
STREET ADDRESS	3597 BORDIE DR. #101				
CITY-ST-ZIP	LAKE WORTH FL 30467				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	MAGID, AUGUSTA				
STREET ADDRESS	3597 BORDIE DR. #303				
CITY-ST-ZIP	LAKE WORTH FL 30467				
TITLE	FS	<input type="checkbox"/> DELETE			
NAME	SHULLER, FLORENCE				
STREET ADDRESS	3597 BORDIE DR.				
CITY-ST-ZIP	LAKE WORTH FL 30467				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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					

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, with all other like empowered.

SIGNATURE:

Augusta Magid
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99
Date

561-964-9609
Daytime Phone #

CR2E037 (11/98)