

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736638 (8)
1. Corporation Name
RESIDENTIAL SERVICES FOR THE RETARDED, INC.



Principal Place of Business Mailing Address
1275 N RAINBOW LOOP 1315 N VAN NORTWICK ROAD
LECANTO FL 34461 LECANTO FL 34461
US US

3. Date Incorporated or Qualified 08/20/1976 3a. Date of Last Report 03/15/1995
4. FEI Number 59-1694606 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ 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 29 Country 30 Country

9. Name and Address of Current Registered Agent

COLE, CHESTER V.
5363 W SAFARI LN.
LECANTO FL 34461

Address change

10. Name and Address of New Registered Agent

81 Name Chester V. Cole
82 Street Address (P.O. Box Number is Not Acceptable) 1315 N. VanNortwick Rd.
83
84 City Lecanto FL 85 Zip Code 34461

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

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

(NOTE: Registered Agent signature required when reinstating)

03/14/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTON, MILTON	1.2 NAME	B.M. Whitton, Jr.
STREET ADDRESS	4930 N MAPLE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, CHARLES D.	2.2 NAME	
STREET ADDRESS	6046 W WOODSIDE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPPER, ROBERT D.	3.2 NAME	Robert B. Hepper
STREET ADDRESS	5684 E CARLTON COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUPP, IRENE	4.2 NAME	
STREET ADDRESS	N HWY 491	4.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP/D Dan W. Armstrong
STREET ADDRESS		5.3 STREET ADDRESS	58 N. Robinhood Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Inverness, FL 34450
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

B.M. Whitton Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/96 352/795-5541
Date Daytime Phone #

CR2E037 (12/95)