FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

736638

(8)

| 1. Corporation Name | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------|-------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|
| RESIDENTIAL SERVICES FOR THE RETARDED, INC. | | | | | |
| Principal Plac | e of Business | Mailing Address | | | 1811 A1811 81211 01211 81811 91911 91811 1821 |
| 1275 N RAINBOW LOOP 1315 N VAN NORTWICK ROAD LECANTO FL 34461 LECANTO FL 34461-9710 US | | | AD | | |
| | | · | | 3. Date Incorporated or Qualified 08/20/1976 | 3a. Date of Last Report 03/26/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | <i>L</i> - | 4. FEI Number | Applied For |
| 21 | | 26 16 NE 5th Str | eeT | 59-1694606 | Not Applicable |
| 22 27 | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| City & Stat | е | City & State | as CI | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 Crystal River | Citrus FL | | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for in | |
| 24] | 9. Name and Address of Current | 29 34429-4164 3 | O Citrus | Florida Statutes 10. Name and Address of New Reg | Yes No |
| | g. Italia and Address of Current | Hohistolen Whalit | 81 Name | TO. Marile and Address of New Het | hotoren vilotti |
| CHESTER V, COLE 1315 N VAN NORTWICK RD LECANTO FL 34461 | | | | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| CCOMM | 0 / 2 0 / 10 / | | | | |
| | | | 84 City | | FL 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 agont or both, in the Sale of Florida and change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar fath and accept the obligations of Section 617.0503, Florida Statutes. | | | | | |
| agent. I am familiar with and accept the Juligations of Service 617.0503, Florida Statutes. | | | | | |
| SIGNATURE . | CONV. | w | | | |
| 12, | Signature, typed or printed name of registered agent OFFICERS AND | | log stered Agent signature requi | ired when reinstating) ADDITIONS/CHANGES TO OFFIC | EDC AND DIDECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | ABBITTONO/OFFANGES TO OFFIC | Change Addition |
| NAME | WHITTON, B.M. JR. | | 1.2 NAME | | |
| STREET ADDRESS | 4930 N MAPLE TERRACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HERNANDO FL | | 1.4 CHY-ST-ZIP | | |
| TITLE | \$TD | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | HUPP, IRENE | | 2.2 NAME | | |
| STREET ADDRESS | N HWY 491 | | 2.3 STREET ADDRESS | | J |
| CITY-ST-ZIP | LECANTO, FL 00000 | | 2. 4 CITY - \$1 - ZIP | | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | ARMSTRONG, DAN W | | 3.2 NAME | | ļ |
| STREET ADDRESS | 58 N ROBINHOOD RD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | INVERNESS FL | DELETE | 3.4. CITY-ST-ZIP | | Change Addition |
| TITLE | p. | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME OTOGOT ADDDGGG | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY - S1 - ZIP 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | The country of the country of |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-2IP | | | 6.4 CITY-ST-ZIP | | |

14. I do 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 13 if changed, or on an attachment with an address.

SIGNATURE:

(353) 195-7173