

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90094 021 \*\*\*\*70.00

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**DOCUMENT # 736638**

1. Corporation Name

**RESIDENTIAL SERVICES FOR THE RETARDED, INC.**

133353 90094 21

Principal Place of Business

1275 N RAINBOW LOOP  
LECANTO FL 34461  
US

Mailing Address

16 NE 5 ST  
CRYSTAL RIVER FL 34429-4161  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**08/20/1976**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-1694606**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHESTER V. COLE  
1315 N VAN NORTWICK RD  
LECANTO FL 34461

81 Name

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

83

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 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)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WHITTON, B.M. JR.  
STREET ADDRESS 4930 N MAPLE TERRACE  
CITY-ST-ZIP HERNANDO FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**D Robert B. Hepfer  
5684 E. Carlton Court  
Inverness, FL 34453**

☐ Change ☒ Addition

TITLE STD  
NAME HUPP, IRENE  
STREET ADDRESS N HWY 491  
CITY-ST-ZIP LECANTO, FL 00000

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME ARMSTRONG, DAN W  
STREET ADDRESS 58 N ROBINHOOD RD  
CITY-ST-ZIP INVERNESS FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-27-99

Date

352/795-7772

Daytime Phone #

CR2E037 (11/98)