

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736638

FILED
Feb 13, 2004
Secretary of State**Entity Name:** RESIDENTIAL SERVICES FOR THE RETARDED, INC.**Current Principal Place of Business:**1275 N RAINBOW LOOP
LECANTO, FL 34461 US**New Principal Place of Business:****Current Mailing Address:**130 HEIGHTS AVE
INVERNESS, FL 34452 US**New Mailing Address:****FEI Number:** 59-1694606**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CHESTER V, COLE
1315 N VAN NORTWICK RD
LECANTO, FL 34461 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: WHITTON, B.M. JR.
Address: 4930 N MAPLE TERRACE
City-St-Zip: HERNANDO, FL 344423435 US**Title:** STD () Delete
Name: HUPP, IRENE
Address: N HWY 491
City-St-Zip: LECANTO, FL 34460 US**Title:** D () Delete
Name: THURMAN, KAREN MS.
Address: 9067 SW BLUE RUN DRIVE
City-St-Zip: DUNNELLON, FL 34432 US**Title:** D () Delete
Name: HEPFER, ROBERT B
Address: 5684 E CARLTON CT
City-St-Zip: INVERNESS, FL 34453 US**Title:** VP () Delete
Name: DODGE, EDWARD DR.
Address: 8581 E SWEETWATER DR
City-St-Zip: INVERNESS, FL 344507300 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STD (X) Change () Addition
Name: SPOONER, PHILIP F
Address: 4149 E SPOONER LANE
City-St-Zip: HERNANDO, FL 34442 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B.M. WHITTON, JR.

P

02/13/2004

Electronic Signature of Signing Officer or Director

Date