FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736755 (0)

1. Corporation Name

JACKSON COUNTY ASSOCIATION FOR RETARDED CITIZENS , INC.

Principal Place of Business	Mailing Address
4517 BASSWOOD ROAD P. O. BOX 68 GREENWOOD FL 32443	4517 BASSWOOD ROAD P. O. BOX 68 GREENWOOD FL 32443

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1976

3a. Date of Last Report: 09/23/1994

4. FEI Number: 59-1533175 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: 2944 Penn Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: Suite A
City & State 23	City & State 28: Marianna, FL
Zip 24 / Country 25	Zip 29: 32448 / Country 30: Jackson

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HENDERSON, FRANCES
4517 BASSWOOD RD
GREENWOOD FL 32443

10. Name and Address of New Registered Agent

81 Name: Frances Henderson

82 Street Address (P.O. Box Number is Not Acceptable): 2944 Penn Ave. Suite A

83

84 City: Marianna FL 85 Zip Code: 32448

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Frances Henderson — Frances Henderson, Executive Director — DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	S/D	☒ Change ☐ Addition
NAME	HARTSFIELD, IDUS	12 NAME	Faye Alderman	
STREET ADDRESS	3820 CAVERNS RD.	13 STREET ADDRESS	N/A P O Box 144	
CITY-ST-ZIP	MARIANNA FL	14 CITY-ST-ZIP	Sneads, FL 32460	
TITLE	VD	21 TITLE	S/D	☒ Change ☐ Addition
NAME	WHITE, VENSON	22 NAME	Jennell Bates	
STREET ADDRESS	N/A P. O. BOX 547	23 STREET ADDRESS	N/A P O Box 77	
CITY-ST-ZIP	MARIANNA FL	24 CITY-ST-ZIP	Cypress, FL 32432	
TITLE	SD	31 TITLE	D	☒ Change ☐ Addition
NAME	AVERY, CAROLE	32 NAME	Margaret Freeman	
STREET ADDRESS	1797 DESTINY LN.	33 STREET ADDRESS	2944 Penn Ave. Suite L	
CITY-ST-ZIP	MARIANNA FL	34 CITY-ST-ZIP	Marianna, FL 32448	
TITLE	P	41 TITLE	D	☒ Change ☐ Addition
NAME	DRINKWATER, FRED	42 NAME	Idus Hartsfield	
STREET ADDRESS	N/A P. O. BOX 35	43 STREET ADDRESS	3820 Caverns Rd	
CITY-ST-ZIP	ALFORD FL 32420	44 CITY-ST-ZIP	Marianna, FL 32446	
TITLE	TD	51 TITLE	D	☒ Change ☐ Addition
NAME	MELVIN, HAROLD	52 NAME	James Parker	
STREET ADDRESS	1797 DESTINY LN.	53 STREET ADDRESS	N/A P O Box 555	
CITY-ST-ZIP	MARIANNA FL	54 CITY-ST-ZIP	Marianna, FL 32447	
TITLE	D	61 TITLE	VP/D	☒ Change ☐ Addition
NAME	VARNER, LINDA	62 NAME	Dwain Pendergrass	
STREET ADDRESS	N/A P. O. BOX 6374	63 STREET ADDRESS	2541 Woods View Dr.	
CITY-ST-ZIP	MARIANNA FL	64 CITY-ST-ZIP	Marianna, FL 32446	

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)(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.

SIGNATURE: Linda S. Varner — Linda Varner, President of the Board — 904-526-7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029275

736755

JACKSON COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.
CORPORATION ANNUAL REPORT 1995
BLOCK 13 (CONTINUED)

D
Willie Spires
4818 Ebony Court
Marianna, FL 32446

P/D
Linda Varner
N/A P O Box 6374
Marianna, FL 32447

D
Venson White
N/A P O Box 547
Marianna, FL 32447

T/D
Jim Wunderly
4447 Marion St
Marianna, FL 32448