

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 # 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

2944 PENN AVENUE
A
MARIANNA FL 32448
US

3. Date incorporated or Qualified
09/07/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4517 Basswood Road

26 2944 Penn Avenue

4. FEI Number

59-1533175

Applied For

Not Applicable

Suite, Apt. #, etc.

22 P.O. Box 68

Suite, Apt. #, etc.

27 A

5. Certificate of Status Desired ☒ XX

\$8.75 Additional
Fee Required

City & State

23 Greenwood, Florida

City & State

28 Marianna, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 32443

Country

25 Jackson

Zip

29 32448

Country

30 Jackson

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDERSON, FRANCES
2944 PENN AVENUE SUITE A
MARIANNA FL 32448

81 Name

Henderson, Frances

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

2944 Penn Avenue, Suite A

83

84 City

Marianna Florida

FL

85 Zip Code

32448

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

Frances Henderson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME ALDERMAN, FAYE
STREET ADDRESS N/A P.O. BOX 144
CITY-ST-ZIP SNEADS FL

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

TITLE SD ☐ DELETE
NAME BATES, JENNEL
STREET ADDRESS N/A P.O. BOX 77
CITY-ST-ZIP CYPRESS FL

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

TITLE D ☐ DELETE
NAME FREEMAN, MARGARET
STREET ADDRESS 2944 PENN AVENUE SUITE L
CITY-ST-ZIP MARIANNA FL

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

TITLE D ☐ DELETE
NAME HARTSFIELD, IDUS
STREET ADDRESS 3820 CAVERNS ROAD
CITY-ST-ZIP MARIANNA FL

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

TITLE D ☐ DELETE
NAME PARKER, JAMES
STREET ADDRESS N/A P.O. BOX 555
CITY-ST-ZIP MARIANNA FL

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

TITLE VPD ☐ DELETE
NAME PENDERGRASS, DWAIN
STREET ADDRESS 2541 WOODS VIEW DRIVE
CITY-ST-ZIP MARIANNA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Margaret Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

Date

482-9500

Daytime Phone #

CR2E037 (12/95)