

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 324432944 PENN AVENUE
A
MARIANNA FL 32448-2741
US3. Date Incorporated or Qualified
09/07/19763a. Date of Last Report
03/07/19964. FEI Number
59-1533175

Applied For

Not Applicable

5. Certificate of Status Desired ☒ 30\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2944 Penn Ave,

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 A

Suite, Apt. #, etc.

27 City & State

City & State

23 Marianna, Florida

City & State

28

Zip

24 32448

Country

25 USA

Zip

29

Country

30

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

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

Frances Henderson

1-10-97

(NOTE: Registered Agent signature required when reinstating)

DATE

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 FL1.1 TITLE VPD ☐ Change ☒ Addition
1.2 NAME Jim Wunderly
1.3 STREET ADDRESS 4447 Marion St
1.4 CITY - ST - ZIP Marianna, Florida 32448TITLE SD ☐ DELETE
NAME BATES, JENNEL
STREET ADDRESS N/A P.O. BOX 77
CITY - ST - ZIP CYPRESS FL2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME FREEMAN, MARGARET
STREET ADDRESS 2944 PENN AVENUE SUITE L
CITY - ST - ZIP MARIANNA FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME HARTSFIELD, IDUS
STREET ADDRESS 3820 CAVERNS ROAD
CITY - ST - ZIP MARIANNA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME PARKER, JAMES
STREET ADDRESS N/A P.O. BOX 555
CITY - ST - ZIP MARIANNA FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE VPD ☐ DELETE
NAME PENDERGRASS, DWAIN
STREET ADDRESS 2541 WOODS VIEW DRIVE
CITY - ST - ZIP MARIANNA FL6.1 TITLE President ☒ 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 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:

Dwain Pendergrass

1-10-97

(904) 526-7333

CR2E037 (9/96)