FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

Mailing Address

2944 PENN AVENUE

MARIANNA FL 32448

2a. Mailing Address

Suite, Apt. #, etc.

JACKSON COUNTY ASSOCIATION FOR RETARDED CITIZENS

Principal Place of Business

2944 PENN AVE

21

22

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

MARIANNA FL 32448

2. Principal Place of Business

Suite, Apt. #, etc.

City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Country This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. ☐ Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HENDERSON, FRANCES Street Address (P.O. Box Number is Not Acceptable) 2944 PENIN AVENUE SUITE A 83 MARIANNA FL 32448 Zip Code 84 City 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 familier with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if appli-13. 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE TIT) F WUNDERLY, JIM 1.2 NAME Jim Wunderly NATE 4447 MARION ST 1.3 STREET ADDRESS 4447 Marion Street STREET ADDRESS <u>Marianna, FL 32448</u> Treasurer MARIANNA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change X Addition X DELETE 2.1 TITLE TITLE Williams, Margie **BATES. JENNELL** 2.2 NAME NAME 2977 Park Street N/A P.O. BOX 77 2.3 STREET ADDRESS STREET ADORESS Marianna, FL 32446 CYPRESS FL 2.4 CITY-ST-ZIP CITY-ST-ZW Change X Addition X DELETE 3.1 TITLE Lina Parish FREEMAN, MARGARET 3.2 NAME NAME P.O. Box 569 (N/A) 2944 PENN AVENUE SUITE L 3.3 STREET ADDRESS STREET ADDRESS Marianna, FL 32447 MARIANNA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP X Addition Change Y DELETE 41 TITLE TITLE Sharon Calloway HARTSFIELD, IDUS 4.2 NAME P.O. Box 566 (N/A) 4.3 STREET ADDRESS 3820 CAVERNS ROAD STREET ADDRESS Malone, FL 32445 MARIAMMA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP | MARIANNA FL

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: Jim Wunderly

PARKER, JAMES

MARIANNA FL

N/A P.O. BOX 555

PENDERGRASS, DWAIN

2541 WOODS VIEW DRIVE

lim Wenderry

■ DELETE

DELETE

17-MARCH-98

FILED

Apr 02 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Change

X Change

XI Addition

Addition

Not Applicable

3. Date Incorporated or Qualified 09/07/1976

59-1533175

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Karen Henrickson

P.O. Box 732(N/A)

Malone, FL 32445

Dwain Pendergrass

2541 Woods View Drive