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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736755

1. Corporation Name

**JACKSON COUNTY ASSOCIATION FOR RETARDED CITIZENS
, INC.**

Principal Place of Business

**2944 PENN AVE
A
MARIANNA FL 32448
US**

Mailing Address

**2944 PENN AVENUE
A
MARIANNA FL 32448
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

3. Date Incorporated or Qualified

09/07/1976

4. FEI Number

59-1533175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HENDERSON, FRANCES
2944 PENN AVENUE SUITE A
MARIANNA FL 32448**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

4-29-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WUNDERLY, JIM**
STREET ADDRESS **4447 MARION ST**
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE **T** ☐ DELETE
NAME **WILLIAMS, MARGIE**
STREET ADDRESS **2977 PARK STREET**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **S** ☐ DELETE
NAME **PARISH, LINA**
STREET ADDRESS **PO BOX 569 N/A**
CITY-ST-ZIP **MARIANNA FL 32447**

TITLE **D** ☒ DELETE
NAME **CALLOWAY, SHARON**
STREET ADDRESS **PO BOX 566 N/A**
CITY-ST-ZIP **MALONE FL 32444**

TITLE **D** ☐ DELETE
NAME **HENDRICKSON, KAREN**
STREET ADDRESS **PO BOX 732 N/A**
CITY-ST-ZIP **MALONE FL 32445**

TITLE **VP** ☐ DELETE
NAME **PENDERGRASS, DWAIN**
STREET ADDRESS **2541 WOODS VIEW DRIVE**
CITY-ST-ZIP **MARIANNA FL 32446**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☒ Change ☐ Addition
1.2 NAME **WUNDERLY, JIM**
1.3 STREET ADDRESS **4447 MARION STREET**
1.4 CITY-ST-ZIP **MARIANNA, FLORIDA 32448**

2.1 TITLE **P** ☒ Change ☐ Addition
2.2 NAME **WILLIAMS, MARGIE**
2.3 STREET ADDRESS **2977 PARK STREET**
2.4 CITY-ST-ZIP **MARIANNA, FLORIDA 32446**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **PARKER, FAYE**
3.3 STREET ADDRESS **P.O. BOX 370**
3.4 CITY-ST-ZIP **SNEADS, FLORIDA 32460**

4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME **HENRICKSON, KAREN**
4.3 STREET ADDRESS **P.O. BOX 732**
4.4 CITY-ST-ZIP **MALONE, FLORIDA 32445**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **PENDERGRASS, DWAIN**
5.3 STREET ADDRESS **2541 WOODS VIEW DRIVE**
5.4 CITY-ST-ZIP **MARIANNA, FLORIDA 32446**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Margie Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 850
Date Daytime Phone #

CR2E037 (1/98)