

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736755

FILED  
Jul 06, 2005  
Secretary of State

**Entity Name:** JACKSON COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

**Current Principal Place of Business:**

2944 PENN AVE  
A  
MARIANNA, FL 32448 US

**New Principal Place of Business:**

**Current Mailing Address:**

2944 PENN AVENUE  
A  
MARIANNA, FL 32448 US

**New Mailing Address:**

**FEI Number:** 59-1533175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: WUNDERLY, JIM  
Address: 4447 MARION ST  
City-St-Zip: MARIANNA, FL 32448

Title: S ( ) Delete  
Name: WILLIAMS, MARGIE  
Address: 2977 PARK STREET  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: LOMAN-GREENE, LANNETTA  
Address: 3646 POPULAR SPRINGS ROAD  
City-St-Zip: MARIANNA, FL 32446

Title: T ( ) Delete  
Name: PARKER, FAYE  
Address: PO BOX 566  
City-St-Zip: SNEADS, FL 32460

Title: D ( ) Delete  
Name: HENDRICKSON, KAREN  
Address: 4938 HIGHWAY 2  
City-St-Zip: MALONE, FL 32445

Title: P ( ) Delete  
Name: PENDERGRASS, DWAIN  
Address: 2541 WOODS VIEW DRIVE  
City-St-Zip: MARIANNA, FL 32446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWAIN PENDERGRASS

P

07/06/2005

Electronic Signature of Signing Officer or Director

Date