

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736755

FILED
Jul 11, 2006
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:

2973 PENNSYLVANIA AVENUE
MARIANNA, FL 32448 US

Current Mailing Address:

2944 PENN AVENUE
A
MARIANNA, FL 32448 US

New Mailing Address:

2973 PENNSYLVANIA AVENUE
MARIANNA, FL 32448 US

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:

HENDERSON, FRANCES
2973 PENNSYLVANIA AVENUE
MARIANNA, FL 32448 US

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: FRANCES HENDERSON

07/11/2006

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 (X) 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 Chapter 119, 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

07/11/2006

Electronic Signature of Signing Officer or Director

Date