2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# 736755

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

Current Principal Place of Business:

2973 PENNSYLVANIA AVENUE
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

2973 PENNSYLVANIA AVENUE
MARIANNA, FL 32448 US

New Mailing Address:

FEI Number: 59-1533175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HENDERSON, FRANCES
2973 PENNSYLVANIA AVENUE
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: P
Name: WUNDERLY, JIM
Address: P.O. BOX 455
City-St-Zip: COTTONDALE, FL 32431

Title: D
Name: WILLIAMS, MARGIE
Address: 3094 INDIAN CIRCLE
City-St-Zip: MARIANNA, FL 32446

Title: S
Name: LOMAN-GREENE, LANNETTA
Address: 3646 POPULAR SPRINGS ROAD
City-St-Zip: MARIANNA, FL 32446

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

Title: D
Name: PENDERGRASS, DWAIN
Address: 2541 WOODS VIEW DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: VP
Name: MURPHY, MARGARET
Address: 1766 MUTUAL RD
City-St-Zip: ALFORD, FL 32420

I hereby 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 all other like empowered.

SIGNATURE: FRANCES HENDERSON MS. 01/03/2012

Electronic Signature of Signing Officer or Director Date