FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 29 PM 1:10
APPROVED
AND SECRETARY OF STATE
FILED TALLAHASSEE, FLORIDA

95 APR 28 PM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **736973** **(9)**

1. Corporation Name
ASSOCIATION FOR RETARDED CITIZENS, DESOTO COUNTY , INC.

Principal Place of Business	Mailing Address
SHORES ROAD & 760A NOCATEE,FL 33864 PO BOX 787 NOCATEE FL 33864	SHORES ROAD & 760A NOCATEE,FL 33864 PO BOX 787 NOCATEE FL 33864

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1976
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2008900 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BECK, JOHN N.
1039 S ALLENDALE AVE
SARASOTA FL 34237

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John N. Beck — JOHN N. BECK-EXECUTIVE DIRECTOR — 03/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	ESPER, TODD	12 NAME	
STREET ADDRESS	P. O. BOX 2403 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	HOST, KAARE	22 NAME	
STREET ADDRESS	1205 E ELIZABETH ST	23 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP	
TITLE	TS	31 TITLE	☐ Change ☐ Addition
NAME	WESTBERRY, KIM	32 NAME	
STREET ADDRESS	RT 6 BOX 3105	33 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☒ Change ☐ Addition
NAME	[illegible]	42 NAME	DT PHYLLIS CREWS
STREET ADDRESS	[illegible]	43 STREET ADDRESS	132 W OAK ST
CITY-ST-ZIP	[illegible]	44 CITY-ST-ZIP	ARCADIA FL 33821
TITLE	T	51 TITLE	☒ Change ☐ Addition
NAME	[illegible]	52 NAME	T PEGGY KIRSCH
STREET ADDRESS	[illegible]	53 STREET ADDRESS	1452 NW MAGNOLIA TERR
CITY-ST-ZIP	ARCADIA FL	54 CITY-ST-ZIP	ARCADIA FL 33821
TITLE	T	61 TITLE	☒ Change ☐ Addition
NAME	[illegible]	62 NAME	T DENISE CROSS
STREET ADDRESS	[illegible]	63 STREET ADDRESS	PO BOX 1608 (N/A)
CITY-ST-ZIP	[illegible]	64 CITY-ST-ZIP	ARCADIA, FL 33821

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John N. Beck — 03/24/95 — (813) 494-2328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN N. BECK

0041804

ARTICLES
AND
FILED

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 19, 1995

ASSOCIATION FOR RETARDED CITIZENS, DESOTO COUNTY, INC.
SHORES ROAD & 760A NOCATEE,FL 33864
PO BOX 787
NOCATEE, FL 33864

SUBJECT: ASSOCIATION FOR RETARDED CITIZENS, DESOTO COUNTY, INC.
Ref. Number: 736973

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

List the street address of each officer/director in block 12 or 13. If the officer or director does not have a street address, list the mailing address and write (N/A).

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Tony Williams
Annual Report Section

Letter number: 895A00018332

APRIL 24, 1995
I called the above phone # this date and from the discussion we had the the report seems to be in order. If it is incorrect someone will have to be more specific as how it should be done. I have done this report for twelve years and this is the first one I have had returned.

Sincerely,
Frances S. Kirkman
Bookkeeper
ARC/DeSOTO
(813) 494-2328