

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 736973 (9)  
1. Corporation Name  
**ASSOCIATION FOR RETARDED CITIZENS, DESOTO COUNTY, INC.**



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

3. Date Incorporated or Qualified: 10/05/1976  
3a. Date of Last Report: 04/28/1995  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) 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  
85 Zip Code: FL

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: *John Beck* (NOTE: Registered Agent signature required when reinstating) DATE: 1/23/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ESPER, TODD	
STREET ADDRESS	P. O. BOX 2403 N/A	
CITY-ST-ZIP	ARCADIA FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HOST, KAARE	
STREET ADDRESS	1205 E ELIZABETH ST	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	WESTBERRY, KIM	
STREET ADDRESS	RT 6 BOX 3105	
CITY-ST-ZIP	ARCADIA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CREWS, PHYLLIS	
STREET ADDRESS	132 W OAK ST	
CITY-ST-ZIP	ARCADIA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KIRSCH, PEGGY	
STREET ADDRESS	1452 NW MAGNOLIA TERR	
CITY-ST-ZIP	ARCADIA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CROSS, DENISE	
STREET ADDRESS	PO BOX 1608 N/A	
CITY-ST-ZIP	ARCADIA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KIRSCH, PEGGY	
1.3 STREET ADDRESS	1452 NW MAGNOLIA TERR	
1.4 CITY-ST-ZIP	ARCADIA FL 33821	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ESPER, TODD	
2.3 STREET ADDRESS	P O BOX 2403 N/A	
2.4 CITY-ST-ZIP	ARCADIA FL 33821	
3.1 TITLE	TS - DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CREWS, PHYLLIS	
3.3 STREET ADDRESS	5730 SW CARLTON AVE	
3.4 CITY-ST-ZIP	ARCADIA FL 33821	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WALLER, MIKE	
4.3 STREET ADDRESS	1816 NE HAMMOCK	
4.4 CITY-ST-ZIP	ARCADIA FL 33821	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	McDERMOTT, DARLENE	
5.3 STREET ADDRESS	3693 SE HWY 31	
5.4 CITY-ST-ZIP	ARCADIA FL 33821	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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 Beck* DATE: 1/23/96 DAYTIME PHONE: 941 494 2328

CR2E037 (12/95)