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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

SHORES ROAD & 760A NOCATEE.FL 33864
PO BOX 787
NOCATEE FL 33864SHORES ROAD & 760A NOCATEE.FL 33864
PO BOX 787
NOCATEE FL 34268-07873. Date Incorporated or Qualified
10/05/19763a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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4. FEI Number
59-2008900Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/23/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE BP
NAME KIRSCH, PEGGY
STREET ADDRESS 1452 NW MAGNOLIA TERR
CITY-ST-ZIP ARCADIA FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP DVPTITLE DVP
NAME ESPER, TODD
STREET ADDRESS P O BOX 2403 N/A
CITY-ST-ZIP ARCADIA FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP LEMPENAU, GEORGE
2998 NW HWY 70
ARCADIA FL 34266TITLE TSD
NAME CREWS, PHYLLIS
STREET ADDRESS 5730 SW CARLTON AVE
CITY-ST-ZIP ARCADIA FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T
NAME WALLER, MIKE
STREET ADDRESS 1816 NE HAMMOCK
CITY-ST-ZIP ARCADIA FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP SECRETARY
DAVENPORT, BETTY J
24 RIO VISTA RD
ARCADIA FL 34266TITLE T
NAME MCDERMOTT, DARLENE
STREET ADDRESS 3893 SE HWY 31
CITY-ST-ZIP ARCADIA FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP T
DODD, RUTH
208 W GIBSON
ARCADIA FL 34266TITLE T
NAME CROSS, DENISE
STREET ADDRESS PO BOX 1608 N/A
CITY-ST-ZIP ARCADIA FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

PEGGY KIRSCH, PRES

01/23/97

(941) 494-1954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076490

CP2E037 (9/96)