

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90146 035 ****61.25

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DOCUMENT # 736973

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/05/1976

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

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 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 N. BECK, EXEC. DIRECTOR

3/11/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME CREWS, PHYLLIS
STREET ADDRESS 5730 SW CARLTON AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE DVP ☐ DELETE
NAME LEMPENAU, GEORGE
STREET ADDRESS 2998 NW HWY 70
CITY-ST-ZIP ARCADIA FL

TITLE ST ☐ DELETE
NAME DIAZ, EDDIE
STREET ADDRESS P.O. BOX 2514 N/A
CITY-ST-ZIP ARCADIA FL 34265

TITLE T ☒ DELETE
NAME SCHWARTZ, PHYLLIS
STREET ADDRESS 1653 NW EUCALYPTUS
CITY-ST-ZIP ARCADIA FL 34266

TITLE T ☐ DELETE
NAME DODD, RUTH
STREET ADDRESS 208 W GIBSON
CITY-ST-ZIP ARCADIA FL

TITLE T ☐ 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME T
4.3 STREET ADDRESS MARY SAVOIE
4.4 CITY-ST-ZIP 7995 SW HWY 72, ARCADIA FL 34266

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EXEC. DIRECTOR

MARCH 11, 1999 (941) 494-2328

Date

Daytime Phone #

CR2E037 (11/98)