2001 UNIFORM BUSINESS REPORT (UBR) Amended

04-30-2001 90097 007 ****61.25
07-18-2001 90008 034 ****61.25
736973

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FILED
01 SEP -7 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 736973

1. Entity Name

ASSOCIATION FOR RETARDED CITIZENS, DESOTO COUNTY

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

2. Principal Place of Business	3. Mailing Address
ARC/DeSOTO	
Suite, Apt. #, etc. PO BOX 787	Suite, Apt. #, etc. ARC/DeSOTO PO BOX 787
City & State NOCATEE, FL 34268 (863) 494-2328	City & State NOCATEE, FL 34268 (863) 494-2328
Zip / Country	Zip / Country

4. FEI Number 59-2008900 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAVOIE, MARY 7995 SW HIGHWAY 70 ARCADIA FL 34266	Name: Bud Lewis Street Address (P.O. Box Number is Not Acceptable): 3211 S E County Rd 760 City: Arcadia FL Zip Code: 34266

8. 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 _____ Bud Lewis 7/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 After September 12, 2001, min. will be $236.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SAVOIE, MARY 7995 SW HWY 70 ARCADIA FL 34266	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P President Charlene Carroll 1701 E Oak St Arcadia Fl 34266	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CREWS, PHYLLIS 5730 SW CARLTON AVE ARCADIA FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Vice President Marcia O"Steen 223 East Oak St Suite 1 Arcadia Fl 34266	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ANADO, MARLENE 1381 SE LAKE RD ARCADIA FL 34285	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Selwyn Langaigne 23218 Delvan Ave Port Charlotte Fla	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DIAZ, EDDIE PO BOX 2514 N/A ARCADIA FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Trustee Judy Kirkpatrick 3057 LoveJoy St Arcadia Fl 34266	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOST, KARRE 21028 EXMORE AVE PORT CHARLOTTE FL 33952	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Trustee Bud Lewis 3211 SE County rd 760 Arcadia FL 34265	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Secretary CROSS, DENISE PO BOX 1608 N/A ARCADIA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Secretary/Trustee Denise Cross 1005 Magnolia Arcadia Fl 34266	XX Change ☐ Addition

CR2E037 (5/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Secretary 7/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #