

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736973

FILED
May 26, 2004
Secretary of State**Entity Name:** ASSOCIATION FOR RETARDED CITIZENS, DESOTO COUNTY, INC.**Current Principal Place of Business:**P.O. BOX 787
NOCATEE, FL 34268**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 787
NOCATEE, FL 34268**New Mailing Address:****FEI Number:** 59-2008900**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TUCKER, JACQUELINE
4816 NW CR 661
ARCADIA, FL 34266 US**Name and Address of New Registered Agent:**TURNER, NANCY E
1287 S.E. LAKE RD.
ARCADIA, FL 34266 US

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: NANCY E. TURNER

05/26/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUCKER, JACQUELINE
Address: 4816 NW CR 661
City-St-Zip: ARCADIA, FL 34266

Title: VP () Delete
Name: JACKSON, FOREST
Address: 6980 SW COLLINS ST
City-St-Zip: ARCADIA, FL 34266

Title: S () Delete
Name: VAUGHN, NANCY JO
Address: 830 N JOHNSON AVE
City-St-Zip: ARCADIA, FL 34266

Title: T (X) Delete
Name: LEWIS, BUD
Address: 3211 SE CR 760
City-St-Zip: ARCADIA, FL 34266

Title: T (X) Delete
Name: KIRKPATRICK, JUDY
Address: 3057 LOVEJOY ST
City-St-Zip: ARCADIA, FL 34266

Title: T (X) Delete
Name: TOEWS, DONALD DR
Address: 20321 KINDERKEMAC AVE
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KIRKPATRICK, JUDY
Address: 3057 LOVEJOY ST.
City-St-Zip: ARCADIA, FL 34266

Title: S/T (X) Change () Addition
Name: BEELES, ELLIE
Address: 1504 S.E. ARIPO RT.
City-St-Zip: ARCADIA, FL 34266

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE TUCKER

P

05/26/2004

Electronic Signature of Signing Officer or Director

Date