

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736973

FILED
Apr 29, 2005
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:

103 S. MONROE AVE.
ARCADIA, FL 34266

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:

TURNER, NANCY E
1287 S.E. LAKE RD.
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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: _____

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: KIRKPATRICK, JUDY
Address: 3057 LOVEJOY ST.
City-St-Zip: ARCADIA, FL 34266

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOCHER, RONALD
Address: 1501 PLUM DR.
City-St-Zip: ARCADIA, FL 34266

Title: V (X) Change () Addition
Name: TUCKER, JAQUELINE W
Address: P.O. BOX 2996
City-St-Zip: ARCADIA, FL 34266

Title: S/T (X) Change () Addition
Name: ANTHONY, PATRICIA
Address: 5400 RIVERSIDE DR., BOX 3437
City-St-Zip: PUNTA GORDA, FL 33982

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: RONALD KOCHER

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date