2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90167 032 ****61.25

60010968

DOCUMENT # 736973

1. Entity Name
ASSOCIATION FOR RETARDED CITIZENS, DESOTO COUNTY , INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
P.O. BOX 787 NOCATEE FL 34268	P.O. BOX 787 NOCATEE FL 34268

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
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

LEWIS, BUD
3211 S.E. COUNTY RD. 760
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name: Jacqueline Tucker
Street Address (P.O. Box Number is Not Acceptable): 4816 NW County Rd 661
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jacqueline W. Tucker 1/23/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARROLL, CHARLENE 1701 E. OAK ST. ARCADIA FL 34266	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jacqueline Tucker 4816 NW County Rd 661 Arcadia Fl 34266	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'STEEN, MARCIA 223 E. OAK ST., STE. 1 ARCADIA FL 34266	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Forest Jackson 6980 SW Collins St Arcadia Florida 34266	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LANGAIGNE, SELWYN 23218 DELVAN AVE. PORT CHARLOTTE FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Nancy Jo Vaughn 830 N Johnson Ave Arcadia 34266	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIRKPATRICK, JUDY 3057 LOVEJOY ST. ARCADIA FL 34266	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Bud Lewis 3211 SE County Rd 760 Arcadia Florida 34266	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEWIS, BUD 3211 S.E. COUNTY RD. 760 ARCADIA FL 34265	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Judy Kirkpatrick 3057 Lovejoy St Arcadia Florida 34266	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TUCKER, JACKIE 4816 NW COUNTY ROAD 661 ARCADIA FL 34266	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Dr. Donald Toews 20321 Kinderkemac Ave Arcadia Florida 34266	XX Change ☐ Addition

CR2E037 (10/02)

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: S/ Jacqueline W. Tucker 1/23/03 863-990-6750
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #