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

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DOCUMENT # 736973

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

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

☐ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 Jacqueline W. Tucker — 1/23/03 — 863-990-6750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)