**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739315 (0)

1. Corporation Name
THE MARTIN COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 205<br>STUART FL 34995 | P.O. BOX 205<br>STUART FL 34995 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1977
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-6153484 ☐ Applied For ☐ Not Applicable

| | | |
|---|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) | 5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) | 6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees |
| City & State (23) | City & State (28) | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required |
| Zip (24) Country (25) | Zip (29) Country (30) | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No |

9. Name and Address of Current Registered Agent

YOUNG, KAY A
1651 E 13TH ST
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: David Richmond
82 Street Address (P.O. Box Number is Not Acceptable): 2785 SE Carroll St
83
84 City: Stuart FL 85 Zip Code: 34997

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | DP | ☒ Change ☐ Addition |
| NAME | LITTMAN, CURTIS | 1.2 NAME | David Richmond | |
| STREET ADDRESS | 1855 S. KANNER | 1.3 STREET ADDRESS | 2785 SE Carroll St | |
| CITY-ST-ZIP | STUART FL | 1.4 CITY-ST-ZIP | Stuart, FL 34997 | |
| TITLE | DP | 2.1 TITLE | Dy | ☒ Change ☐ Addition |
| NAME | YOUNG, KAY | 2.2 NAME | William Keele | |
| STREET ADDRESS | 1651 E 13TH ST | 2.3 STREET ADDRESS | 2051 NE Ocean Blvd, Apt A14 | |
| CITY-ST-ZIP | STUART FL | 2.4 CITY-ST-ZIP | Stuart, FL 34996 | |
| TITLE | SD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GOODMAN, JOAN | 3.2 NAME | | |
| STREET ADDRESS | 6521 SE CLAIRMONT | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOBE SOUND FL | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | BELL, JAMES | 4.2 NAME | Doris Raskin | |
| STREET ADDRESS | 197 NE BLUEBERRY TERRACE | 4.3 STREET ADDRESS | 4268 SE Rainbow's End | |
| CITY-ST-ZIP | JENSEN BEACH FL | 4.4 CITY-ST-ZIP | Stuart, FL 34997 | |
| TITLE | SD | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KELLY, LOIS (COR.) | 5.2 NAME | | |
| STREET ADDRESS | 5145 SE MILES GRANT RD | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007C840