

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # 739315 (0)

1. Corporation Name

THE MARTIN COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business

P.O. BOX 205
STUART FL 34995

Mailing Address

P.O. BOX 205
STUART FL 34995

3. Date Incorporated or Qualified
06/10/1977

3a. Date of Last Report
05/01/1995

4. FEI Number

59-6153484

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHMOND, DAVID
2785 SE CARROLL ST.
STUART FL 34999

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RICHMOND, DAVID
2785 SE CARROLL SE
STUART FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change Addition
34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
KEELE, WILLIAM
2051 NE OCEAN BLVD., APT. A14
STUART FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition
1173 SE Petunia Ave
Port St Lucie, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GOODMAN, JOAN
6521 SE CLAIRMONT
HOBE SOUND FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition
33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RASKIN, DORIS
4268 SE RAINBOW'S END
STUART FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition
34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KELLY, LOIS (COR.)
5145 SE MILES GRANT RD
STUART FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition
34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Richmond

3/14/96

287-4087

CR2E037 (12/95)