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FILED

Feb 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739315 (0)

1. Corporation Name

THE MARTIN COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 205  
STUART FL 34995P.O. BOX 205  
STUART FL 34995-02053. Date Incorporated or Qualified  
06/10/19773a. Date of Last Report  
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 1111 S Federal Hwy

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 332

27

City &amp; State

City &amp; State

23 Stuart, FL

28

Zip

Country

Zip

Country

24 34994

25

Martin

29

30

4. FEI Number

59-6153484

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHMOND, DAVID  
2785 SE CARROLL ST.  
STUART FL 33499

81 Name

Dr Thomas J Goodman

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

1111 S Federal Hwy, Suite 332

83

84 City

Stuart

FL

85 Zip Code  
34994

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

Thomas J Goodman, Ex. Dir

2/13/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME RICHMOND, DAVID  
STREET ADDRESS 2785 SE CARROLL SE  
CITY-ST-ZIP STUART FLTITLE DV ☒ DELETE  
NAME KEELE, WILLIAM  
STREET ADDRESS 1173 SE PENTUNIA AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FLTITLE SD ☐ DELETE  
NAME GOODMAN, JOAN  
STREET ADDRESS 8521 SE CLAIRMONT  
CITY-ST-ZIP HOBE SOUND FLTITLE D ☒ DELETE  
NAME RASKIN, DORIS  
STREET ADDRESS 4288 SE RAINBOW'S END  
CITY-ST-ZIP STUART FLTITLE SD ☐ DELETE  
NAME KELLY, LOIS (COR.)  
STREET ADDRESS 5145 SE MILES GRANT RD  
CITY-ST-ZIP STUART FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME Charles K. Willoughby  
1.3 STREET ADDRESS 8499 SE Sabal St  
1.4 CITY-ST-ZIP Hobe Sound, FL 334552.1 TITLE DV ☒ Change ☐ Addition  
2.2 NAME Eugene Gaiser  
2.3 STREET ADDRESS 6531 SE Federal Hwy H-201  
2.4 CITY-ST-ZIP Stuart, FL 349973.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME James Bell  
4.3 STREET ADDRESS 197 NE Blueberry Terrace  
4.4 CITY-ST-ZIP Jensen Beach, FL 349575.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

James Bell

RECEIVED

3/17/97

561-283-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0072078

CR2E037 (9/96)