

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06132**

1. Entity Name  
**ADVOCATES FOR INSURING RETARDATE  
ENTITLEMENTS, INC.**



Principal Place of Business  
**2050 CORONET LA  
CLEARWATER, FL 33764 US**

Mailing Address  
**P. O. BOX 6635  
CLEARWATER, FL 33758 US**

**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2466322**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CROW LAWRENCE D.  
1266 SO PINELLAS AVE.  
TARPON SPRINGS, FL 34689**

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IN THIS SPACE**

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 obligation of the registered agent.

SIGNATURE \_\_\_\_\_

Sign over, in ink or printed name of the registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, PAT 1434 HILL DR LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, NANCY 2050 CORONET LANE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINBRUCHEL, ARMANDO 820 123RD AVE TREASURE ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, MARGARET 6865 10TH AVE N ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AURIA, JOAN 7570 46TH AVE #123 SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000445012  
03/07/06-80026-021 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

*Nancy Simmons*  
**NANCY SIMMONS**