

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N08076** (4)
1. Corporation Name
MANATEE ASSOCIATION FOR RETARDED CITIZENS, INC.

95 JAN 31 AM 10: 23

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
JOHN E. WINTERS
816 LEFFINGWELL AVENUE
ELLENTON FL 34222

3. Date Incorporated or Qualified **03/11/1985** 3a. Date of Last Report **01/24/1994**

4. FEI Number **59-1450750** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **John V. Schwartz** 26 **John V. Schwartz**
Suite, Apt. #, etc. Suite, Apt. #, etc.

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

22 **816 LEFFINGWELL AVE** 27 **816 LEFFINGWELL AVE**
City & State City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 **Ellenton FL** 28 **Ellenton FL**
Zip Zip

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

24 **34222** 25 **USA** 29 **34222** 30 **USA**
Country Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WINTERS, JOHN E.
816 LEFFINGWELL AVENUE
ELLENTON FL 33532

10. Name and Address of New Registered Agent
81 Name **Schwartz John V.**
82 Street Address (P.O. Box Number is Not Acceptable) **816 LEFFINGWELL AVENUE**
83 **ELLENTON**
84 City **FL** 85 Zip Code **34222**

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 *John V. Schwartz* (NOTE: Registered Agent signature required when registering) DATE **1/25/95**

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RUSSELL, GERALD, O
STREET ADDRESS	365 6TH ST WEST
CITY-ST-ZIP	BRADENTON FL
TITLE	SD
NAME	CHOATE, KIMBERLY S.
STREET ADDRESS	217 MANATEE AVE. E
CITY-ST-ZIP	BRADENTON FL
TITLE	VD
NAME	LOMBARDO, ROBERT J
STREET ADDRESS	2385 LANDINGS CIRCLE
CITY-ST-ZIP	BRADENTON FL
TITLE	TD
NAME	BELL, KAREN L
STREET ADDRESS	12205 45 AVE. W
CITY-ST-ZIP	CORTEZ FL
TITLE	PD
NAME	DYE, JAMES D.
STREET ADDRESS	1208 MANATEE AVE WEST
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	REX, ROGER
STREET ADDRESS	5183 KESTRAL PARK LANE
CITY-ST-ZIP	SAASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	WHITTY STANLY D.
4.4 CITY-ST-ZIP	5448 ASHLEY PARKWAY
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **James D. Dye** *James D. Dye Pres.* DATE: **1/25/95** TELEPHONE: **813-746-1167**