

**FILE NOW: FILING FEE IS \$64.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N08076 (4)**

1. Corporation Name  
**MANATEE ASSOCIATION FOR RETARDED CITIZENS, INC.**



Principal Place of Business: **C/O JOHN V. SCHWARTZ, 816 LEFFINGWELL AVE, ELLENTON FL 34222, US**  
Mailing Address: **C/O JOHN V. SCHWARTZ, 816 LEFFINGWELL AVE, ELLENTON FL 34222, US**

3. Date Incorporated or Qualified: **03/11/1985**  
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **59-1450750**  
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

9. Name and Address of Current Registered Agent  
**SCHWARTZ, JOHN V., 816 LEFFINGWELL AVENUE, ELLENTON FL 34222**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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 617.0508, Florida Statutes.  
SIGNATURE: *John V. Schwartz* (NOTE: Registered Agent signature required when reinstating)  
Typed or printed name of registered agent and title, if applicable: **John V. Schwartz** Date: **1/26/96**

12. OFFICERS AND DIRECTORS

TITLE: <b>D</b>	NAME: <b>RUSSELL, GERALD, O</b>	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: <b>365 6TH ST WEST</b>	CITY-ST-ZIP: <b>BRADENTON FL</b>	
TITLE: <b>SD</b>	NAME: <b>CHOATE, KIMBERLY S.</b>	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: <b>217 MANATEE AVE. E</b>	CITY-ST-ZIP: <b>BRADENTON FL</b>	
TITLE: <b>VD</b>	NAME: <b>LOMBARDO, ROBERT J</b>	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: <b>2385 LANDINGS CIRCLE</b>	CITY-ST-ZIP: <b>BRADENTON FL</b>	
TITLE: <b>TD</b>	NAME: <b>WHITTY, STANLY D.</b>	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: <b>5448 ASHLEY PARKWAY</b>	CITY-ST-ZIP: <b>SARASOTA FL</b>	
TITLE: <b>PD</b>	NAME: <b>DYE, JAMES D.</b>	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: <b>1206 MANATEE AVE WEST</b>	CITY-ST-ZIP: <b>BRADENTON FL</b>	
TITLE: <b>D</b>	NAME: <b>REX, ROGER</b>	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: <b>5163 KESTRAL PARK LANE</b>	CITY-ST-ZIP: <b>SAASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: <b>XXX PD</b>	Change/Addition: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: <b>Lombardo, Robert J.</b>	
1.3 STREET ADDRESS: <b>2385 Landings Circle</b>	
1.4 CITY-ST-ZIP: <b>Bradenton, FL</b>	
2.1 TITLE: <b>XXX VD</b>	Change/Addition: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: <b>Whitty, Stanley P.</b>	
2.3 STREET ADDRESS: <b>5448 Ashley Parkway</b>	
2.4 CITY-ST-ZIP: <b>Sarasota, FL 34291</b>	
3.1 TITLE: <b>XXX TD</b>	Change/Addition: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: <b>Simpson, Richard</b>	
3.3 STREET ADDRESS: <b>1001 3rd Avenue West</b>	
3.4 CITY-ST-ZIP: <b>Bradenton, FL 34205</b>	
4.1 TITLE: <b>XXX SD</b>	Change/Addition: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: <b>Partridge, Debbie</b>	
4.3 STREET ADDRESS: <b>7624 Westmoreland Drive</b>	
4.4 CITY-ST-ZIP: <b>Sarasota, FL 34243</b>	
5.1 TITLE: <b>MD</b>	Change/Addition: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: <b>John V. Schwartz</b>	
5.3 STREET ADDRESS: <b>2320 14th Avenue West; 109</b>	
5.4 CITY-ST-ZIP: <b>Palmetto, FL 34221</b>	
6.1 TITLE:	Change/Addition: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

*\$ deposited by bank*

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: *John V. Schwartz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **John V. Schwartz** Date: **1/26/96** (941) 722-0677

CR2E037 (12/95)