

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N95000001103 (9)**

1. Corporation Name

**FLORIDA'S VOICE OF THE RETARDED, INC.**

Principal Place of Business

Mailing Address

% ARLENE LAKIN, ESQ.  
5591 N.E. 28TH AVE.  
FT. LAUDERDALE FL 33308% ARLENE LAKIN, ESQ.  
5591 N.E. 28TH AVE.  
FT. LAUDERDALE FL 33308-34433. Date Incorporated or Qualified  
**03/09/1995**3a. Date of Last Report  
**01/31/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAKIN, ARLENE ESQ.  
5591 N.E. 28TH AVE.  
FT. LAUDERDALE FL 33308

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

TITLE	PO	<input type="checkbox"/> DELETE
NAME	LAKIN, ARLENE ESQ.	
STREET ADDRESS	5591 NE 28TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STOVER, DONALD	
STREET ADDRESS	5306 FRONT DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	THACKER, WILLIAM	
STREET ADDRESS	6000 3RD AVE NO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	THACKER, JO	
STREET ADDRESS	6000 3RD AVE NO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GAINES, ADAH	
STREET ADDRESS	21 JACARANDA DR, #122	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZIEGLER, DIANE	
STREET ADDRESS	3550 GALT OCEAN DR., #1209	
CITY-ST-ZIP	FT LAUDERDALE FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mr. & Mrs. Marshall DUNCAN	
1.3 STREET ADDRESS	7548 - 40th Terr. North	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33709	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THOMAS DUNN, JR.	
2.3 STREET ADDRESS	11629 FOX RUN	
2.4 CITY-ST-ZIP	PORT RICHEY, FLA. 34668	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KENNETH BATCHELOR	
3.3 STREET ADDRESS	161 SHORE DR. SOUTH	
3.4 CITY-ST-ZIP	MIAMI, FLA. 33133	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mr. & Mrs. DAVID ENGELS	
4.3 STREET ADDRESS	4812 GARFIELD ST.	
4.4 CITY-ST-ZIP	HOLLYWOOD, FLA. 33021	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mrs. Betty Blum	
5.3 STREET ADDRESS	19945 NE 10th Pl. Way	
5.4 CITY-ST-ZIP	MIAMI, FLA. 33179	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mrs. Anne de Napoli	
6.3 STREET ADDRESS	1484 52nd Ave. NE	
6.4 CITY-ST-ZIP	ST. PETERSBURG FLA. 33703	

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:

Arlene Lakin (ARLENE LAKIN)

1/3/97

954/975-5159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034368

CR2E037 (9/96)