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Mar 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001485 (9)

1. Corporation Name

ASSOCIATION FOR RETARDED CITIZENS FOUNDATION OF
NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

511 GOLD KIST BLVD.
LIVE OAK FL 32060

~~511 GOLD KIST BLVD.~~ PO BOX L
LIVE OAK FL 32060



3. Date Incorporated or Qualified
03/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-3385683

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

MITCHELL, RICHARD
511 GOLD KIST BLVD.
LIVE OAK FL 32060

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME STRICKLAND, FLARZELL
STREET ADDRESS 511 GOLD KIST BLVD.
CITY-ST-ZIP LIVE OAK FL 32060

1.1 TITLE P/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME DYAR, MICHAEL
STREET ADDRESS 511 GOLD KIST BLVD.
CITY-ST-ZIP LIVE OAK FL 32060

2.1 TITLE D
2.2 NAME FRANK CARROLL
2.3 STREET ADDRESS 511 gold kist Blvd
2.4 CITY-ST-ZIP Live Oak, FL 32060

TITLE D
NAME MCCULLERS, JIMMY
STREET ADDRESS 511 GOLD KIST BLVD.
CITY-ST-ZIP LIVE OAK FL 32060

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME LAKE, BOBBIE
STREET ADDRESS 511 GOLD KIST BLVD.
CITY-ST-ZIP LIVE OAK FL 32060

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Date

904-362-7143
Daytime Phone # 0077224

CR2E037 (9/96)