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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90154 049 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001485

1. Corporation Name

ASSOCIATION FOR RETARDED CITIZENS FOUNDATION OF
NORTH FLORIDA, INC.

Principal Place of Business

511 GOLD KIST BLVD.
LIVE OAK FL 32060

Mailing Address

511 GOLD KIST BLVD.
LIVE OAK FL 32060

482486 - 90154 - 49 6



2. Principal Place of Business

21 511 GOLD KIST BLVD.

Suite, Apt. #, etc.

22 City & State

23 LIVE OAK, FL

24 Zip 32060 25 Country USA

2a. Mailing Address

26 P.O. DRAWER L

Suite, Apt. #, etc.

27 City & State

28 LIVE OAK, FL

29 Zip 32064 30 Country USA

3. Date Incorporated or Qualified

03/18/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME STRICKLAND, FLARZELL

STREET ADDRESS 511 GOLD KIST BLVD.

CITY-ST-ZIP LIVE OAK FL

TITLE D ☐ DELETE

NAME CARROLL, FRANK

STREET ADDRESS 511 GOLD KIST BLVD

CITY-ST-ZIP LIVE OAK FL

TITLE D ☒ DELETE

NAME NOVTT, A P

STREET ADDRESS 952 PINEVIEW CIRLCE

CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE

NAME LAKE, BOBBIE

STREET ADDRESS 511 GOLD KIST BLVD.

CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE

NAME GOFF, HOWARD

STREET ADDRESS FLORIDA SHERIFFS YOUTH RANCEH

CITY-ST-ZIP BOYS RANCH FL 32060

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Richard Mitchell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 904-362-7143
Date Daytime Phone #

CR2E037 (1/98)