

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90669 049 ****61.25

DOCUMENT # N96000001485

1. Entity Name

**ASSOCIATION FOR RETARDED CITIZENS FOUNDATION
OF NORTH FLORIDA, INC.**



Principal Place of Business

**511 GOLD KIST BLVD.
LIVE OAK FL 32060**

Mailing Address

**P.O. BOX DRAWER L
LIVE OAK FL 32064**

J4070006



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

506 S. Ohio Ave.

Suite, Apt. #, etc.

City & State

Live Oak FL

City & State

Zip

32064

Country

US

Zip

Country

4. FEI Number

59-3385683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

RICHARD MITCHELL

Street Address (P.O. Box Number is Not Acceptable)

506 S. Ohio Ave.

Live Oak, FL 32064

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STRICKLAND, FLARZELL ☐ Delete
STREET ADDRESS 511 GOLD KIST BLVD.
CITY-ST-ZIP LIVE OAK FL

TITLE D
NAME CARROLL, FRANK ☐ Delete
STREET ADDRESS 511 GOLD KIST BLVD
CITY-ST-ZIP LIVE OAK FL

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

TITLE D
NAME JEANNETTE, CLARK ☐ Delete
STREET ADDRESS 14001 SR 51
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 506 S. Ohio Ave.
CITY-ST-ZIP Live Oak, FL 32064

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS ~~506 S. Ohio Ave.~~
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 506 S. Ohio Ave.
CITY-ST-ZIP Live Oak, FL 32060

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #