

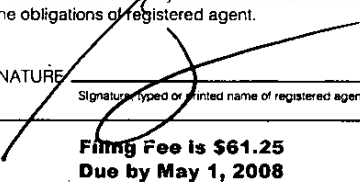
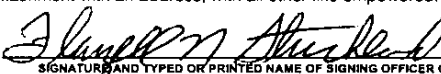


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90027 010 ****61.25

DOCUMENT # N96000001485					
1. Entity Name ASSOCIATION FOR RETARDED CITIZENS FOUNDATION OF NORTH FLORIDA, INC.					
Principal Place of Business 506 SOUTH OHIO AVE. LIVE OAK, FL 32064			Mailing Address P.O. BOX DRAWER L LIVE OAK, FL 32064		
2. Principal Place of Business - No P.O. Box # 511 Goldkist Blvd SW		3. Mailing Address 511 Goldkist Blvd SW			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062008 Chg-NP CR2E037 (12/06)	
City & State Live Oak, FL		City & State Live Oak, FL		4. FEI Number 59-3385683	
Zip 32064		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAKE, BOBBIE 506 SOUTH OHIO AVE. LIVE OAK, FL 32064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 511 Goldkist Blvd SW City Live Oak FL Zip Code 32064		
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: 				DATE: 3-7-08	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				Filing Fee is \$61.25 Due by May 1, 2008	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME STRICKLAND, FLARZELL	<input type="checkbox"/> Delete	TITLE President	NAME Strickland, Flarzelli	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 506 SOUTH OHIO AVE.	CITY-ST-ZIP LIVE OAK, FL 32064		STREET ADDRESS 7788 CR 252	CITY-ST-ZIP Live Oak, FL 32060	
TITLE D	NAME CARROLL, FRANK	<input type="checkbox"/> Delete	TITLE Secretary/Treasurer	NAME Carroll, Frank	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 511 GOLD KIST BLVD	CITY-ST-ZIP LIVE OAK, FL		STREET ADDRESS 4042 153rd Rd	CITY-ST-ZIP Live Oak, FL 32060	
TITLE ED	NAME LAKE, BOBBIE	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 506 SOUTH OHIO AVE.	CITY-ST-ZIP LIVE OAK, FL 32064		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME JEANNETTE, CLARK	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14001 SR 51	CITY-ST-ZIP LIVE OAK, FL 32060		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 3/24/08		Daytime Phone #: 386 9635191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					