

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001485

FILED  
Jan 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

511 GOLDKIST BLVD SW  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

511 GOLDKIST BLVD SW  
LIVE OAK, FL 32064

**New Mailing Address:**

511 GOLDKIST BLVD SW  
LIVE OAK, FL 32064 US

**FEI Number:** 59-3385683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAKE, BOBBIE  
511 GOLDKIST BLVD SW  
LIVE OAK, FL 32064 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STRICKLAND, FLARZELL  
Address: 7788 CR 252  
City-St-Zip: LIVE OAK, FL 32060

Title: ST ( ) Delete  
Name: CARROLL, FRANK  
Address: 4042 153RD RD  
City-St-Zip: LIVE OAK, FL 32060

Title: ED ( ) Delete  
Name: LAKE, BOBBIE  
Address: 506 SOUTH OHIO AVE.  
City-St-Zip: LIVE OAK, FL 32064

Title: D ( ) Delete  
Name: JEANNETTE, CLARK  
Address: 14001 SR 51  
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ED (X) Change ( ) Addition  
Name: LAKE, BOBBIE  
Address: 511 GOLDKIST BLVD. SW  
City-St-Zip: LIVE OAK, FL 32064

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBIE LAKE

ED

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date