


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001670	
1. Entity Name FLORIDA CHAPTER OF THE AMERICAN ASSOCIATION ON MENTAL RETARDATION, INC.	

Principal Place of Business 2533 1ST AVE. S ST PETERSBURG, FL 33713	Mailing Address 2533 1ST AVE. S ST PETERSBURG, FL 33713
---	---

DO NOT WRITE IN THIS SPACE



03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3566428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OGLE, PEGGY 2749 1ST AVE NORTH ST PETERSBURG, FL 33713	
---	--

**DO NOT WRITE
IN THIS SPACE**

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 no change po DATE _____
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUILARTE, EMMA 2813 TURKEY HILL TRAIL TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KANTOR, MERISA 3628 DAISY AVE PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JARVIE, JUDY 231 RAIN TREE DR CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, LINDA 39 EGRET ST NORTH CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OGLE, PEGGY 2749 1ST AVE NORTH ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000290502
04/06/05-80068-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Peggy Ogle DATE 3/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR