

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708828

**Entity Name:** THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH FLORIDA, INC.**FILED**  
**Mar 28, 2018**  
**Secretary of State**  
**CC4008552960****Current Principal Place of Business:**935 SE 14TH STREET  
HIALEAH, FL 33010**Current Mailing Address:**935 SE 14TH STREET  
HIALEAH, FL 33010 US**FEI Number: 59-0839562****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MESSER, MICHAEL E  
935 SE 14TH STREET  
HIALEAH, FL 33010 US*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**Officer/Director Detail :**

Title	D	Title	CHAIRMAN OF THE BOARD
Name	SALAZAR-REALINI, HELEN	Name	PAUL, SWEENEY
Address	935 SE 14TH STREET	Address	935 SE 14TH STREET
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010
Title	PCEO	Title	SECRETARY
Name	MESSER, MICHAEL E	Name	ZAMORA, HILDE
Address	935 SE 14TH STREET	Address	935 SE 14TH STREET
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010
Title	DIRECTOR	Title	DIRECTOR
Name	CAMACHO WEVERBERG, GHISLAINE	Name	NEER , MICHAEL
Address	935 SE 14TH STREET	Address	935 SE 14TH STREET
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010
Title	DIRECTOR		
Name	GOTCHELL, ANDREW		
Address	935 SE 14TH STREET		
City-State-Zip:	HIALEAH FL 33010		

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL MESSER****PRESIDENT****03/28/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date