

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708828

**Entity Name:** THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH FLORIDA, INC.**FILED**  
**Jun 10, 2020**  
**Secretary of State**  
**4259547867CC****Current Principal Place of Business:**15280 NW 79 COURT, SUITE 251  
MIAMI LAKES, FL 33016**Current Mailing Address:**15280 NW 79 COURT, SUITE 251  
MIAMI LAKES, FL 33016 US**FEI Number: 59-0839562****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PARRA, GABRIEL  
15280 NW 79 COURT, SUITE 251  
MIAMI LAKES, FL 33016 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
Name	SALAZAR-REALINI, HELEN
Address	15280 NW 79 COURT, SUITE 251
City-State-Zip:	MIAMI LAKES FL 33016

Title	DIRECTOR
Name	MESSER, MICHAEL E
Address	15280 NW 79 COURT, SUITE 251
City-State-Zip:	MIAMI LAKES FL 33016

Title	DIRECTOR
Name	GOTCHELL, ANDREW
Address	15280 NW 79 COURT, SUITE 251
City-State-Zip:	MIAMI LAKES FL 33016

Title	CHAIRMAN OF THE BOARD
Name	PAUL, SWEENEY
Address	15280 NW 79 COURT, SUITE 251
City-State-Zip:	MIAMI LAKES FL 33016

Title	SECRETARY
Name	ZAMORA, HILDE
Address	15280 NW 79 COURT, SUITE 251
City-State-Zip:	MIAMI LAKES FL 33016

Title	ED
Name	PARRA, GABRIEL
Address	15280 NW 79 COURT, SUITE 251
City-State-Zip:	MIAMI LAKES FL 33016

*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: GABRIEL PARRA****EXECUTIVE DIRECTOR****06/10/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date