

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 708828

Entity Name: THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH FLORIDA, INC.

FILED
May 02, 2016
Secretary of State
CC0676472273

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
Name REED, BEN
Address 935 SE 14TH STREET
City-State-Zip: HIALEAH FL 33010

Title D
Name SALAZAR-REALINI, HELEN
Address 935 SE 14TH STREET
City-State-Zip: HIALEAH FL 33010

Title CHAIRMAN OF THE BOARD
Name PAUL, SWEENEY
Address 935 SE 14TH STREET
City-State-Zip: HIALEAH FL 33010

Title PCEO
Name MESSER, MICHAEL E
Address 935 SE 14TH STREET
City-State-Zip: HIALEAH FL 33010

Title SECRETARY
Name ZAMORA, HILDE
Address 935 SE 14TH STREET
City-State-Zip: HIALEAH FL 33010

Title DIRECTOR
Name CAMACHO WEVERBERG, GHISLAINE
Address 935 SE 14TH STREET
City-State-Zip: HIALEAH FL 33010

Title DIRECTOR
Name NEER, MICHAEL
Address 935 SE 14TH STREET
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 E MESSER

PRESIDENT/CEO

05/02/2016

Electronic Signature of Signing Officer/Director Detail

Date