

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708828

Entity Name: THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH FLORIDA, INC.**FILED**
Feb 25, 2014
Secretary of State
CC3725794062**Current Principal Place of Business:**5555 BISCAYNE BLVD
MIAMI, FL 33137**Current Mailing Address:**5555 BISCAYNE BLVD
MIAMI, FL 33137 US**FEI Number: 59-0839562****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MESSER, MICHAEL E
5555 BISCAYNE BLVD
MIAMI, FL 33137 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	5555 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

Title	D
Name	SALAZAR-REALINI, HELEN
Address	5555 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

Title	TS
Name	WIENER, LARRY
Address	5555 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

Title	CHAIRMAN OF THE BOARD
Name	PAUL, SWEENEY
Address	5555 BISCAYNE BLVD.
City-State-Zip:	MIAMI FL 33173

Title	PCEO
Name	MESSER, MICHAEL E
Address	5555 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR
Name	FELTMAN, PAUL
Address	5555 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

Title	SECRETARY
Name	ZAMORA, HILDE
Address	5555 BISCAYNE BLVD.
City-State-Zip:	MIAMI FL

Title	DIRECTOR
Name	CAMACHO WEVERBERG, GHISLAINE
Address	5555 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137

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/CEO****02/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date