

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708828

**Entity Name:** THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH FLORIDA, INC.**FILED**  
**Feb 12, 2015**  
**Secretary of State**  
**CC5744449242****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	TS
Name	WIENER, LARRY
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	DIRECTOR
Name	FELTMAN, PAUL
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

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*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****02/12/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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