


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 8:00 am**  
**Secretary of State**

01-09-2007 90056 009 \*\*\*\*61.25

<b>DOCUMENT # 731279</b> 1. Entity Name <b>SCARC, INC.</b>					
Principal Place of Business <b>213 W MCCOLLUM AVE BUSHNELL, FL 33513</b>			Mailing Address <b>213 W MCCOLLUM AVE BUSHNELL, FL 33513</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>59-1556200</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THORNTON, RANDALL N E. HIGHWAY 470 LAKE PANASOFFKEE, FL 33538</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SLATE, ED 506 WEST NOBLE AVE LOT 193 BUSHNELL, FL 33513	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORD, DEBORAH 339 YOUNG CIRCLE WILDWOOD, FL 34785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MERILYN 4195 C 575 BUSHNELL, FL 33513	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, LINDA PO BOX 134 BUSNELL, FL 33513	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOOTE, JUDY PO BOX 431 WEBSTER, FL 34785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	283 NE 1st street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOOD, LARRY 12230 SW 43RD TERRACE WEBSTER, FL 33597	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Merilyn Johnson</i> <b>Merilyn Johnson, President 1/4/07 352/743-5156</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

## ATTACHMENT

1/4/2007

Additional SCARC, Inc. Officers and Directors

66000717  
731279

TITLE	S
NAME	BOSTIC, JACKIE
STREET ADDRESS	339 YOUNG CIRCLE
CITY-ST-ZIP	WILDWOOD, FL 34785

TITLE	D
NAME	GROGAN, GRANT
STREET ADDRESS	1050 SW 66TH PLACE
CITY-ST-ZIP	BUSHNELL, FL 33513

TITLE	D
NAME	EDWARDS, JIMMIE LEE
STREET ADDRESS	9650 NE 15TH STREET
CITY-ST-ZIP	WILDWOOD, FL 34785

TITLE	D
NAME	CARROLL, YVONNE
STREET ADDRESS	P.O. BOX 1354; 821 LEE STREET
CITY-ST-ZIP	WILDWOOD, FL 34785

TITLE	D
NAME	VANLOOZEN, JERRY
STREET ADDRESS	503 CARRERA DRIVE
CITY-ST-ZIP	THE VILLAGES, FL 32159

TITLE	D
NAME	HUDDLESTON, BILL
STREET ADDRESS	P.O. BOX 1497; 369 E C-476
CITY-ST-ZIP	BUSHNELL, FL 33513

TITLE	D
NAME	JACKSON, MARTIN
STREET ADDRESS	33 CR 489A
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538

TITLE	D
NAME	VAUGHAN, TONY
STREET ADDRESS	1703 W C-476
CITY-ST-ZIP	BUSHNELL, FL 33513