

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731279

Entity Name: SCARC, INC.

**Current Principal Place of Business:**

213 W MCCOLLUM AVE  
BUSHNELL, FL 33513

**Current Mailing Address:**

213 W MCCOLLUM AVE  
BUSHNELL, FL 33513

FEI Number: 59-1556200

Certificate of Status Desired: Yes

**Name and Address of Current Registered Agent:**

THORNTON, RANDALL N  
845 CR 467  
LAKE PANASOFFKEE, FL 33538 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            PRESIDENT  
Name            HUDDLESTON, BILL  
Address        369 E C-476  
                  P.O. BOX 1497  
City-State-Zip: BUSHNELL FL 33513

Title            VP  
Name            ADAMS, LINDA  
Address        10155 SOUTH ISTACHATTA ROAD  
City-State-Zip: FLORAL CITY FL 34436

Title            SECRETARY  
Name            LORD, DEBORAH  
Address        339 YOUNG CIRCLE  
City-State-Zip: WILDWOOD FL 34785

Title            TREASURER  
Name            SLATE, ED  
Address        322 NORTH ADAMS STREET  
City-State-Zip: BUSHNELL FL 33513

Title            DIRECTOR  
Name            KRAUSS, LEE  
Address        111 EAST SEMINLE AVENUE  
City-State-Zip: BUSHNELL FL 33513

Title            DIRECTOR  
Name            GROGAN, GRANT  
Address        1050 SW 66TH PLACE  
City-State-Zip: BUSHNELL FL 33513

Title            DIRECTOR  
Name            EDWARDS, JIMMIE LE  
Address        9650 NE 15TH STREET  
City-State-Zip: WILDWOOD FL 34785

Title            DIRECTOR  
Name            CARROLL, YVONNE  
Address        821 LEE STREET  
                  P.O. BOX 1354  
City-State-Zip: WILDWOOD FL 34785

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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: BILL HUDDLESTON

PRESIDENT

03/05/2013

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BOSTIC, KENNETH  
Address 500 EAST GILLIAM STREET, APT C-3  
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR  
Name BOSTIC, JACKIE  
Address 339 YOUNG CIRCLE  
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR  
Name FOOET, MICHAEL  
Address 283 NE 1ST STREET  
P.O. BOX 431  
City-State-Zip: WEBSTER FL 33597

Title DIRECTOR  
Name BURCKLE, JAY  
Address 1516 LYNCHBURG LOOP  
City-State-Zip: THE VILLAGES FL 32162