

2019 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:**PERKINS, MARSHA W
213 WEST MCCOLLUM AVENUE
BUSHNELL, FL 33513 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:** MARSHA W. PERKINS

03/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD MEMBER
Name ADAMS, LINDA
Address 10274 SOUTH ISTACHATTA ROAD
City-State-Zip: FLORAL CITY FL 34436

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

Title PRESIDENT
Name KRAUSS, LEE
Address 2057 CR 546
City-State-Zip: BUSHNELL FL 33513

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

Title SECRETARY
Name FURNIER, JANE
Address 813 LAKE PORT BLVD, G-405
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name FARMER, LINDA
Address 14455 CR 751
City-State-Zip: WEBSTER FL 33597

Title DIRECTOR
Name GRIFFIN, ROBERT
Address 5455 S BASS TERRACE
City-State-Zip: FLORAL CITY FL 34436

Title DIRECTOR
Name JONES, CARYN
Address 288 VARNVILLE WAY
City-State-Zip: THE VILLAGES FL 32162

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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: LEE KRAUSS

PRESIDENT

03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KIRBY, ALICE HAYES
Address 4731 CR 625
City-State-Zip: BUSHNELL FL 33513

Title DIRECTOR
Name EDWARDS, JIMMIE L
Address 9650 NE 15TH STREET
City-State-Zip: WILDWOOD FL 33513

Title DIRECTOR
Name WATKINS, DOUG
Address 301 W. NOBLE AVENUE
City-State-Zip: BUSHNELL FL

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

Title VP
Name SMALL, CARMEN
Address P.O. BOX 233
City-State-Zip: COLEMAN FL 33521

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