

2014 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

02/26/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HUDDLESTON, BILL
Address 369 E C-476
P.O. BOX 1497
City-State-Zip: BUSHNELL FL 33513

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

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

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

Title VP
Name ADAMS, LINDA
Address 10155 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 DIRECTOR
Name GROGAN, GRANT
Address 1050 SW 66TH PLACE
City-State-Zip: BUSHNELL FL 33513

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: JAY BURCKLE**PRESIDENT**

02/26/2014

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 BURGESS, GAIL
Address 2243 CALLAWAY DRIVE
City-State-Zip: THE VILLAGES FL 32162

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

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