

**2018 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

03/26/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title           DIRECTOR  
Name           FURNIER, JANE  
Address       2177 Balsa COURT  
City-State-Zip: THE VILLAGES FL 32162

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

03/26/2018

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

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