

**2020 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

05/01/2020

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

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

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

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

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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:** JANE FURNIER

PRESIDENT

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 SMITH, KATHY  
Address 1873 CROSS HILL DR  
City-State-Zip: THE VILLAGES FL 32163

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