

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755964

**Entity Name:** THE ARC NORTH FLORIDA, INC.**Current Principal Place of Business:**511 GOLDKIST BLVD SW  
LIVE OAK, FL 32064**Current Mailing Address:**511 GOLDKIST BLVD SW  
LIVE OAK, FL 32064 US**FEI Number:** 59-2064304**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE ARC NORTH FLORIDA, INC.  
511 GOLDKIST BLVD SW  
LIVE OAK, FL 32064 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:** BEVERLY STANDRIDGE

02/07/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name STANDRIDGE, BEVERLY  
Address 511 GOLDKIST BLVD, SW  
City-State-Zip: LIVE OAK FL 32064

Title VP  
Name GODWIN, GREG  
Address 207 NE 1ST ST, RM 106  
City-State-Zip: JASPER FL 32052

Title SECRETARY  
Name FOWLER, DEBBIE  
Address 307 OWENS ACRES DR.  
City-State-Zip: MACCLENNY FL 32063

Title PRESIDENT  
Name BRICKER, ADAM  
Address 9389 CR 136  
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR  
Name CLARK, JEANNETTE  
Address 14001 SR 51  
City-State-Zip: LIVE OAK FL 32060

Title TREASURER  
Name BARBER, JOEL  
Address 14328 LEON DOPSON RD  
City-State-Zip: SANDERSON FL 32087

Title DIRECTOR  
Name SPENCER, HENRY  
Address PO BOX 127  
City-State-Zip: JASPER FL 32052

Title DIRECTOR  
Name MOOR, CHRISTINE  
Address 152 NW SILVERLEAF LANE  
City-State-Zip: LAKE CITY FL 32055

**Continues on page 2**

*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:** BEVERLY STANDRIDGE**EXECUTIVE DIRECTOR**

02/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                 HOWELL, JUDY  
Address               9936 SW 59TH DRIVE  
City-State-Zip:     JASPER FL 32052

Title                 DIRECTOR  
Name                 CREWS, ANITA  
Address               5532 HUCKLEBERRY TRL S.  
City-State-Zip:     MACCLENNY FL 32063

Title                 DIRECTOR  
Name                 TAYLOR, ELIZABETH  
Address               1321 SHADY OAK LANE  
City-State-Zip:     JASPER FL 32052