

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90072 038 \*\*\*\*61.25

**DOCUMENT # 731279**

1. Entity Name  
**SCARC, INC.**



Principal Place of Business  
**213 W MCCOLLUM AVE  
BUSHNELL, FL 33513**

Mailing Address  
**213 W MCCOLLUM AVE  
BUSHNELL, FL 33513**

**20013763**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1556200**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THORNTON, RANDALL N  
E. HIGHWAY 470  
LAKE PANASOFFKEE, FL 33538**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **BM**  
STREET ADDRESS **SLATE, ED**  
CITY-ST-ZIP **506 WEST NOBLE AVE LOT 193  
BUSHNELL, FL 33513**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **LORD, DEBORAH**  
CITY-ST-ZIP **PO BOX 1153  
WILDWOOD, FL 34785**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JOHNSON, MERILYN**  
CITY-ST-ZIP **4195 C 575  
BUSHNELL, FL 33513**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **ADAMS, LINDA**  
CITY-ST-ZIP **PO BOX 134  
BUSHNELL, FL 33513**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **HUDDLESTON, BILL**  
CITY-ST-ZIP **PO BOX 1497  
BUSHNELL, FL 33513**

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **CARROLL, YVONNE**  
CITY-ST-ZIP **PO BOX 1354  
WILDWOOD, FL 34785**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **339 YOUNG CIRCLE**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TRABASSARI**  
STREET ADDRESS **LARRY GOOD**  
CITY-ST-ZIP **12230 SW 43RD TERRACE  
Webster, FL 33597**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Deborah Lord*

*Deborah Lord, President*

*1/7/05*

*352/793-5156*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #