

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:56

DOCUMENT # 736756 (8)

1. Corporation Name

LEVY COUNTY ASSOCIATION FOR RETARDED CITIZENS, I
NC.

Principal Place of Business

Mailing Address

HWY 24 WEST
OTTER CREEK FL 32683

HWY 24 WEST
OTTER CREEK FL 32683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1976

3a. Date of Last Report

03/03/1994

4. FEI Number

59-1688393

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARC WORK ACTIVITIES CNTR
HWY 24 W PO BOX 86
OTTER CREEK FL 32683

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	COBB, DOGAN S	HWY 337 S	BRONSON FL
D	SMITH, CHARLIE	RT 340	CHIEFLND FL
D	HAINES, SUSAN	HIGHWAY 347	CHIEFLND FL
D	MECKS, DAVID JR	U.S. HWY 19 NORTH	CHIEFLND FL
D	PARTIN, ROBERT	ST RD 19-08	BRONSON FL
D	COUCH, CAROL	HIGHWAY 19/08	GULF HAMMOCK FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	Delete: Couch, Carol		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	Director		
	Reba Greene		
	Rt. 1, Box 632		
	Morrison, FL 32668		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Dogan S. Cobb - Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/95 486-2563
Date
Corporate Number