

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 1-24-96

B-0211-C

DOCUMENT # 736756 (8)

1. Corporation Name

LEVY COUNTY ASSOCIATION FOR RETARDED CITIZENS, I
NC.

Principal Place of Business

HWY 24 WEST
OTTER CREEK FL 32683

Mailing Address

P.O. BOX 86
OTTER CREEK FL 32683
US



3. Date Incorporated or Qualified
09/07/1976

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 351 SW State Road 24
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State
23 Otter Creek, FL

27 City & State

24 Zip 32683 25 Country

28 Zip 30 Country

4. FEI Number
59-1688393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 189.032,
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
Levy Work Activities Cntr

82 Street Address (P.O. Box Number is Not Acceptable)
351 SW State Road 24

83

84 City
Otter Creek

FL 85 Zip Code
32683

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE D
NAME GREENE, REBA
STREET ADDRESS RT. 1, BOX 632
CITY-ST-ZIP MORRISTON FL ☐ DELETE

TITLE D
NAME HAINES, SUSAN
STREET ADDRESS HIGHWAY 347
CITY-ST-ZIP CHIEFLND FL ☐ DELETE

TITLE D
NAME MEEKS, DAVID JR
STREET ADDRESS U.S. HWY 19 NORTH
CITY-ST-ZIP CHIEFLND FL ☐ DELETE

TITLE D
NAME PARTIN, ROBERT
STREET ADDRESS ST RD 19-98
CITY-ST-ZIP BRONSON FL ☐ DELETE

TITLE D
NAME COUCH, CAROL
STREET ADDRESS HIGHWAY 19/98
CITY-ST-ZIP GULF HAMMOCK FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D
2.3 STREET ADDRESS Haines, Susan
2.4 CITY-ST-ZIP 9896 NW 58 St.
Chiefland, FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D
3.3 STREET ADDRESS Meeks, David Jr.
3.4 CITY-ST-ZIP 2224 N Young Blvd
Chiefland, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME P
6.3 STREET ADDRESS Cobb, Dogan S.
6.4 CITY-ST-ZIP Hwy 337 S
Bronson, FL

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dogan S. Cobb, President

Date

Daytime Phone #

CR2E037 (12/95)