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Feb 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 736756 (8)

1. Corporation Name

LEVY COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.



Principal Place of Business

Mailing Address

351 SW STATE ROAD 24
OTTER CREEK FL 32683
US

P.O. BOX 86
OTTER CREEK FL 32683-0086
US

3. Date Incorporated or Qualified
09/07/1976

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1688393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

LEVY WORK ACTIVITIES CNTR.
351 SW STATE ROAD 24
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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D
STREET ADDRESS HAINES, SUSAN
CITY - ST - ZIP 9896 NW 58 ST.
CHIEFLND FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS MEEKS, DAVID JR.
CITY - ST - ZIP 2224 N. YOUNG BLVD.
CHIEFLND FL

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME P
STREET ADDRESS COBB, DOGAN S.
CITY - ST - ZIP HWY. 337 S
BRONSON FL

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

D Carolyn Morgan
P.O. Box 393
Trenton FL 32693

N/A

14. I do 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 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 a address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

Daytime Phone # 0011988

CR2E037 (9/96)