

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736756 (8)
 1. Corporation Name
LEVY COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.



Principal Place of Business 351 SW STATE ROAD 24 OTTER CREEK FL 32683 US	Mailing Address P. O. BOX 86 OTTER CREEK FL 32683 US
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3. Date Incorporated or Qualified
09/07/1976

4. FEI Number
59-1688393

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country
30 Zip	31 Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**LEVY WORK ACTIVITIES CNTR.
 351 SW STATE ROAD 24
 OTTER CREEK FL 32683**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	GREENE, REBA
STREET ADDRESS	RT. 1, BOX 632
CITY-ST-ZIP	MORRISTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAINES, SUSAN
STREET ADDRESS	9896 NW 58 ST.
CITY-ST-ZIP	CHIEFLND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MEEKS, DAVID JR.
STREET ADDRESS	2224 N. YOUNG BLVD.
CITY-ST-ZIP	CHIEFLND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PARTIN, ROBERT
STREET ADDRESS	ST RD 19-98
CITY-ST-ZIP	BRONSON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MORGAN, CAROLYN
STREET ADDRESS	P.O. BOX 393
CITY-ST-ZIP	TRENTON FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	COBB, DOGAN S.
STREET ADDRESS	HWY. 337 S
CITY-ST-ZIP	BRONSON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	n/a
1.3 STREET ADDRESS	n/a
1.4 CITY-ST-ZIP	n/a
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	n/a
2.3 STREET ADDRESS	n/a
2.4 CITY-ST-ZIP	n/a
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	n/a
3.3 STREET ADDRESS	n/a
3.4 CITY-ST-ZIP	n/a
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	n/a
4.3 STREET ADDRESS	n/a
4.4 CITY-ST-ZIP	n/a
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002445700
5.3 STREET ADDRESS	703/733-3388---01060---012
5.4 CITY-ST-ZIP	***70.00
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	President David Meeks
6.3 STREET ADDRESS	2207 N. Young Blvd.
6.4 CITY-ST-ZIP	Chiefland, FL 32626

14. 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 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: *Robert Partin*

11/28/98

CR2E037 (1097)