

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90009 012 ****61.25

DOCUMENT # 736756

1. Corporation Name

LEVY COUNTY ASSOCIATION FOR RETARDED CITIZENS, I
NC.

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



594806 - 90009 - 12

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/07/1976

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

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

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

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

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

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

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

TITLE D ☒ DELETE
NAME MORGAN, CAROLYN
STREET ADDRESS P.O. BOX 393
CITY-ST-ZIP TRENTON FL

TITLE P ☒ DELETE
NAME MEEKS, DAVID
STREET ADDRESS 2227 N. YOUNG BLVD.
CITY-ST-ZIP CHIEFLND FL 32626

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Charles Smith
3049 NW 69th Terrace
Bell, FL 32619

D Scoggins, Norman
13440 N.W. 50th Ave
Chiefland, FL 32626

D Warren Hallman
12631 2nd St.
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, with all other like empowered.

SIGNATURE:

David M. DeFazio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/99

Date

352-493-4958

Daytime Phone #

CR2E037 (5/99)