

DOCUMENT # 736756

1. Entity Name

LEVY COUNTY ASSOCIATION FOR RETARDED CITIZENS, I**FILED**
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90100 032 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1688393

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY WORK ACTIVITIES CNTR.
351 SW STATE ROAD 24
OTTER CREEK FL 32683

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GREENE, REBA**
STREET ADDRESS **RT. 1, BOX 632**
CITY-ST-ZIP **MORRISTON FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HAINES, SUSAN**
STREET ADDRESS **9896 NW 58 ST.**
CITY-ST-ZIP **CHIEFLND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MEEKS, DAVID JR.**
STREET ADDRESS **2224 N. YOUNG BLVD.**
CITY-ST-ZIP **CHIEFLND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SMITH, CHARLES**
STREET ADDRESS **3249 NW 69TH TERR**
CITY-ST-ZIP **BELL FL 32619**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SCOGGINS, NORMAN**
STREET ADDRESS **13440 NW 50TH AVE**
CITY-ST-ZIP **CHIEFLND FL 32626**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HALLMAN, WARREN**
STREET ADDRESS **12631 2ND ST**
CITY-ST-ZIP **CHIEFLND FL 32626**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-13-2000 352-486-4293**

Date

Daytime Phone #

CR2E037 (9/99)