2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90711 015 ****70.00

DOCUMENT # 736756

1. Entity Name

LEVY COUNTY ASSOCIATION FOR RETARDED CITIZENS, I NC.

Principal Place of Business	Mailing Address
351 SW STATE ROAD 24 OTTER CREEK FL 32683 US	P .O. BOX 86 OTTER CREEK FL 32683 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1688393 — Applied For / Not Applicable

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

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 $61.25

9. 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	TITLE	D ☐ Change ☒ Addition
NAME	GREENE, REBA	NAME	Wasson, Stewart
STREET ADDRESS	RT. 1, BOX 632	STREET ADDRESS	2012 N. Young Blvd.
CITY-ST-ZIP	MORRISTON FL	CITY-ST-ZIP	Chiefland, FL 32626
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, BOB	NAME	
STREET ADDRESS	923 NE 11TH DR	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL 32626	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEEKS, DAVID JR.	NAME	
STREET ADDRESS	2224 N. YOUNG BLVD.	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, CHARLES	NAME	
STREET ADDRESS	3249 NW 69TH TERR	STREET ADDRESS	
CITY-ST-ZIP	BELL FL 32619	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCOGGINS, NORMAN	NAME	
STREET ADDRESS	13440 NW 50TH AVE	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL 32626	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HALLMAN, WARREN	NAME	
STREET ADDRESS	12631 2ND ST	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL 32626	CITY-ST-ZIP	

CR2E037 (9/01)

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: Richard Martin O'VM — SIGNATURE REQUIRED — April 30, 2002 — 352-486-4293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #