

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90393 039 ****61.25

DOCUMENT # 736756

1. Entity 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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME WASSON, STEWART
STREET ADDRESS 2012 N YOUNG BLVD.
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☐ Delete
NAME WILLIAMS, BOB
STREET ADDRESS 923 NE 11TH DR
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☐ Delete
NAME MEEKS, DAVID JR.
STREET ADDRESS 2224 N. YOUNG BLVD.
CITY-ST-ZIP CHIEFLAND FL

TITLE ☐ Delete
NAME SMITH, CHARLES
STREET ADDRESS 3249 NW 69TH TERR
CITY-ST-ZIP BELL FL 32619

TITLE ☐ Delete
NAME SCOGGINS, NORMAN
STREET ADDRESS 13440 NW 50TH AVE
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☒ Delete
NAME HALLMAN, WARREN
STREET ADDRESS 12631 2ND ST
CITY-ST-ZIP CHIEFLAND FL 32626

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Stefanelli, Randy
CITY-ST-ZIP 825 E. Park Ave
Chiefland, FL 32626

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS [Signature]
CITY-ST-ZIP Otter Creek, FL 32683

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS [Signature]
CITY-ST-ZIP [Signature]

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 352-463-7406