

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90074 050 \*\*\*\*\*70.00

**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

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

SIGNATURE

*Betty J Walker*

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, 2006**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D**  
**STEFANELLI, RANDY**  
**225 E. PARK AVE**  
**CHIEFLAND FL 32626**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D**  
**WILLIAMS, BOB**  
**923 NE 11TH DR**  
**CHIEFLAND FL 32626**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D**  
**MEEKS, DAVID JR.**  
**2224 N. YOUNG BLVD.**  
**CHIEFLAND FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D**  
**SMITH, CHARLES**  
**3249 NW 69TH TERR**  
**BELL FL 32619**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D**  
**SCOGGINS, NORMAN**  
**13440 NW 50TH AVE**  
**CHIEFLAND FL 32626**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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