

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90055 045 \*\*\*\*61.25

**DOCUMENT # 736756**

1. Entity Name

LEVY COUNTY ASSOCIATION FOR RETARDED  
CITIZENS, INC.



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Delete  
NAME: STEFANELLI, RANDY  
STREET ADDRESS: 225 E. PARK AVE  
CITY-STATE-ZIP: CHIEFLAND FL 32626

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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

TITLE: ☒ Change ☐ Addition  
NAME: P Williams, (Bob) Robert  
STREET ADDRESS: 11590 NW 68th Terrace  
CITY-STATE-ZIP: Chiefland, FL. 32626

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

TITLE: ☒ Change ☐ Addition  
NAME: D Meeks, David Jr.  
STREET ADDRESS: 14650 NW 10th Ave.  
CITY-STATE-ZIP: Trenton, FL. 32693

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

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: D ☒ Delete  
NAME: SCOGGINS, NORMAN  
STREET ADDRESS: 13440 NW 50TH AVE  
CITY-STATE-ZIP: CHIEFLAND FL 32626

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☒ Addition  
NAME: D Dogan Cobb  
STREET ADDRESS: 1760 Pennsylvania Ave.  
CITY-STATE-ZIP: Bronson, FL 32621

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:

*Robert Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2607 352486.5420X22