


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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	



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1688393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFANELLI, RANDY 225 E. PARK AVE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, BOB 11590 NW 68TH TERR. CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, DAVID JR. 14650 NW 10TH AVE TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHARLES 3249 NW 69TH TERR BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOGAN, COBB 1760 PENNSYLVANIA AVE. BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000829528
02/26/08-80044-014 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2008

Date

352-486-5420

Daytime Phone Ex 22