2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# 736756

Entity Name: LEVY COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business:

351 SW STATE ROAD 24
OTTER CREEK, FL 32683 US

New Principal Place of Business:

Current Mailing Address:

P .O. BOX 86
OTTER CREEK, FL 32683 US

New Mailing Address:

FEI Number: 59-1688393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STEFANELLI, RANDY
Address: 225 E. PARK AVE
City-St-Zip: CHIEFLAND, FL 32626

Title: P ( ) Delete
Name: WILLIAMS, BOB
Address: 11590 NW 68TH TERR.
City-St-Zip: CHIEFLAND, FL 32626

Title: D ( ) Delete
Name: MEEKS, DAVID JR.
Address: 14650 NW 10TH AVE
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete
Name: SMITH, CHARLES
Address: 3249 NW 69TH TERR
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete
Name: DOGAN, COBB
Address: 1760 PENNSYLVANIA AVE.
City-St-Zip: BRONSON, FL 32621

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MULLINS, SEAN
Address: 15250S COUNTRY CLUB DR.
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT (BOB) L. WILLIAMS PRES 02/11/2009

Electronic Signature of Signing Officer or Director — Date