

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736756

FILED
Jan 11, 2010
Secretary of State

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
Name: STEFANELLI, RANDY
Address: 225 E. PARK AVE
City-St-Zip: CHIEFLAND, FL 32626 US

Title: P
Name: WILLIAMS, ROBERT
Address: 11590 N W 68TH TERRACE
City-St-Zip: CHEIFLAND, FL 32626 US

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

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

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

Title: D
Name: COLLINS, TONI
Address: 12751 N W 92ND ST.
City-St-Zip: CHIEFLAND, FL 32626 US

I hereby 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 all other like empowered.

SIGNATURE: RANDY STEFANELLI

D

01/11/2010

Electronic Signature of Signing Officer or Director

Date