

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90177 042 *****61.25

DOCUMENT # 736756

1. Entity Name

**LEVY COUNTY ASSOCIATION FOR RETARDED CITIZENS, I
NC.**



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

1-28-03

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	WASSON, STEWART	
STREET ADDRESS	2012 N YOUNG BLVD.	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, BOB	
STREET ADDRESS	923 NE 11TH DR	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEKS, DAVID JR.	
STREET ADDRESS	2224 N. YOUNG BLVD.	
CITY-ST-ZIP	CHIEFLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES	
STREET ADDRESS	3249 NW 69TH TERR	
CITY-ST-ZIP	BELL FL 32619	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOGGINS, NORMAN	
STREET ADDRESS	13440 NW 50TH AVE	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALLMAN, WARREN	
STREET ADDRESS	12631 2ND ST	
CITY-ST-ZIP	CHIEFLAND FL 32626	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Betty J Walker

1-28-03 (352) 486 4293

CR2E037 (10/02)