

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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**Current Mailing Address:**P.O. BOX 86  
OTTER CREEK, FL 32683 US**FEI Number:** 59-1688393**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEVY WORK ACTIVITIES CNTR.  
351 SW STATE ROAD 24  
OTTER CREEK, FL 32683 US*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

**Officer/Director Detail :**

Title D  
Name STEFANELLI, RANDY  
Address 225 E. PARK AVE  
City-State-Zip: CHIEFLAND FL 32626

Title PRESIDENT  
Name MCCAIN, THELMA  
Address P. O.BOX 4 12312 BAY ST.  
City-State-Zip: CEDAR KEY FL 32625

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

Title D  
Name HALLMAN, WARREN  
Address P. O. BOX 625  
City-State-Zip: CHIEFLAND FL 32644

Title DIRECTOR  
Name MAYNARD, KEITH  
Address P. O. BOX 217  
City-State-Zip: GULF HAMMOCK FL 32639

Title D  
Name TYSON, BECKY  
Address 13351 N. W. 50TH AVE.  
City-State-Zip: CHIEFLAND FL 32626

Title D  
Name BROWNING, JAMES T JUDGE  
Address 1997 S. E. 15TH PLACE  
City-State-Zip: MORRISTON FL 32668

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

*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:** THELMA MCCAIN**PRESIDENT****02/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date