2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2017
Secretary of State
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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	D
Name	SMITH, CHARLES
Address	3249 NW 69TH TERR
City-State-Zip:	BELL FL 32619

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

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

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

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

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

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: KEITH MAYNARD DIRECTOR 01/10/2017

Electronic Signature of Signing Officer/Director Detail — Date