

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736756

**Entity Name:** THE ARC OF LEVY COUNTY, INC**Current Principal Place of Business:**7550 NW 149TH PLACE  
CHIEFLAND, FL 32626**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:**WOLFE, SHARON A  
6661 NW 60TH STREET  
CHIEFLAND, FL 32626 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:** SHARON A WOLFE

03/31/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            SMITH, CHARLES  
Address        3649 NW 69TH TERRACE  
City-State-Zip: BELL FL 32619

Title            PRESIDENT  
Name            JOHNS, LEWRISSA  
Address        P.O. BOX 2536  
City-State-Zip: CHIEFLAND FL 32644

Title            DIRECTOR  
Name            BATTLES, JERRY  
Address        7603 SW 52ND PLACE  
City-State-Zip: GAINESVILLE FL 32608

Title            DIRECTOR  
Name            QUINCEY, KYLE  
Address        P .O. BOX 86  
City-State-Zip: OTTER CREEK FL 32683

Title            DIRECTOR  
Name            SPANN, PRENTICE  
Address        16051 NW 30 AVENUE  
City-State-Zip: TRENTON FL 32693

Title            DIRECTOR  
Name            SEAMON, BETTY  
Address        P .O. BOX 86  
City-State-Zip: OTTER CREEK FL 32683

Title            DIRECTOR  
Name            HENLEY, JUAN  
Address        P.O. BOX 1892  
City-State-Zip: TRENTON FL 32693

Title            DIRECTOR  
Name            WILLIAMS, DAPHINA  
Address        P .O. BOX 86  
City-State-Zip: OTTER CREEK FL 32683

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*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:** LEWRISSA JOHNS

PRESIDENT

03/31/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WATSON, TERESA
Address	P .O. BOX 86
City-State-Zip:	OTTER CREEK FL 32683