

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755964

Entity Name: THE ARC NORTH FLORIDA, INC.**Current Principal Place of Business:**511 GOLDKIST BLVD SW
LIVE OAK, FL 32064**Current Mailing Address:**511 GOLDKIST BLVD SW
LIVE OAK, FL 32064 US**FEI Number:** 59-2064304**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE ARC NORTH FLORIDA, INC.
511 GOLDKIST BLVD SW
LIVE OAK, FL 32064 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:** BEVERLY STANDRIDGE

03/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ED
Name STANDRIDGE, BEVERLY
Address 511 GOLDKIST BLVD, SW
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR
Name CLARK, JEANNETTE
Address 14001 SR 51
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR
Name GODWIN, GREG
Address 207 NE 1ST ST, RM 106
City-State-Zip: JASPER FL 32052

Title VP
Name BARBER, JOEL
Address 14328 LEON DOPSON RD
City-State-Zip: SANDERSON FL 32087

Title DIRECTOR
Name SPENCER, HENRY
Address PO BOX 127
City-State-Zip: JASPER FL 32052

Title SECRETARY
Name BRICKER, ADAM
Address 9389 CR 136
City-State-Zip: LIVE OAK FL 32060

Title TREASURER
Name MOOR, CHRISTINE
Address 152 NW SILVERLEAF LANE
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name HOWELL, JUDY
Address 9936 SW 59TH DRIVE
City-State-Zip: JASPER FL 32052

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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: BEVERLY STANDRIDGE

EXECUTIVE DIRECTOR

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name GAMBLE, RICKY
Address 12314 BASS ROAD
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR
Name WILLIAMS, BUDDY
Address 8827 145TH DRIVE
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR
Name SALEH, MARK
Address P.O. BOX 1180
City-State-Zip: LIVE OAK FL 32064