

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755964

FILED
Jan 30, 2014
Secretary of State
CC9144943069

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:

LAKE, BOBBIE
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name ADAMS, CLIFF
Address 1234 US HIGHWAY 129 NW
City-State-Zip: JASPER FL 32052

Title TREASURER
Name MARTZ, JOHN
Address P. O. BOX 160
City-State-Zip: LIVE OAK FL 32060

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

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

Title SECRETARY
Name FOWLER, DEBBIE
Address 307 OWENS ACRES DR.
City-State-Zip: MACLENNY FL 32063

Title DIRECTOR
Name MAXWELL, BILLY
Address 6927 112TH TERRACE
City-State-Zip: LIVE OAK FL 32060

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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: BOBBIE LAKE

REGISTERED AGENT

01/30/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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