

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004575

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**3620176319CC**

**Entity Name:** LABELLE DOWNTOWN REVITALIZATION CORPORATION

**Current Principal Place of Business:**

8 PARK AVENUE  
LABELLE, FL 33935

**Current Mailing Address:**

PO BOX 1844  
LABELLE, FL 33975 US

**FEI Number:** 46-5655554

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOONE, KELLY  
8 PARK AVENUE  
LABELLE, FL 33935 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:** KELLY BOONE

01/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CATALA, SARAH  
Address        2050 MURRAY RD  
City-State-Zip: FORT DENAUD FL 33935

Title            TREASURER  
Name            DESTEFANO, ALEXANDER  
Address        4026 ALBANY RD  
City-State-Zip: LABELLE FL 33935

Title            VP  
Name            RENTZ, KIRK MATTHEW II  
Address        97 PARK AVE  
City-State-Zip: LABELLE FL 33935

Title            DIRECTOR  
Name            EASTERLY, SHERRIE  
Address        PO BOX 2135  
City-State-Zip: LABELLE FL 33975

Title            DIRECTOR  
Name            EATON, CHRISTINE  
Address        2201 HOWARD RD  
City-State-Zip: LABELLE FL 33935

Title            DIRECTOR  
Name            JETT, BRANDON  
Address        412 FRASER AVE  
City-State-Zip: LABELLE FL 33935

Title            DIRECTOR  
Name            CUELLO, JESSE  
Address        1860 EVANS RD  
City-State-Zip: LABELLE FL 33935

Title            DIRECTOR  
Name            RATICA, JACKIE  
Address        4068 RAINBOW CIR  
City-State-Zip: LABELLE FL 33935

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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:** SARAH CATALA

PRESIDENT

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BONE, GREG  
Address        160 BRYAN AVE  
City-State-Zip: LABELLE FL 33935