LABELLE, FL 33975 US					
FEI Number: 46-5655554			Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:				
BOONE, KELLY 8 PARK AVENU LABELLE, FL 3	IE				
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	rida.	
SIGNATURE	: KELLY BOONE			01/17/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	TREASURER		
Name	CATALA, SARAH	Name	DESTEFANO, ALEXANDER		
Address	2050 MURRAY RD	Address	4026 ALBANY RD		
City-State-Zip:	FORT DENAUD FL 33935	City-State-Zip:	LABELLE FL 33935		
Title	DIRECTOR	Title	DIRECTOR		
Name	EASTERLY, SHERRIE	Name	EATON, CHRISTINE		
Address	PO BOX 2135	Address	2201 HOWARD RD		
City-State-Zip:	LABELLE FL 33975	City-State-Zip:	LABELLE FL 33935		
Title	DIRECTOR	Title	DIRECTOR		
Name	TORBETT, DAVE	Name	CUELLO, JESSE		
Address	7305 COUNTY ROAD 78	Address	1860 EVANS RD		
City-State-Zip:	LABELLE FL 33935	City-State-Zip:	LABELLE FL 33935		
Title	DIRECTOR	Title	DIRECTOR		
Name	RATICA, JACKIE	Name	PROVERBS, THERESA		
Address	4068 RAINBOW CIR	Address	245 RIVIERA VISTA BLVD		
City-State-Zip:	LABELLE FL 33935	City-State-Zip:	LABELLE FL 33935		

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004575

Entity Name: LABELLE DOWNTOWN REVITALIZATION CORPORATION

Current Principal Place of Business:

8 PARK AVENUE LABELLE, FL 33935

Current Mailing Address:

PO BOX 1844 LABELLE EL 33975 LIS

Continues on page 2

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: ALEXANDER DESTEFANO

TREASURER

01/17/2023

Electronic Signature of Signing Officer/Director Detail

FILED Jan 17, 2023 **Secretary of State** 0414169294CC

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ENRIQUEZ, LEONARD
Address	1232 RIVERBEND DR
City-State-Zip:	LABELLE FL 33935