

2022 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

FILED
Apr 10, 2022
Secretary of State
0875238747CC

Current Mailing Address:

PO BOX 1844
LABELLE, FL 33975 US

FEI Number: 46-565554

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

04/10/2022

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 TORBETT, DAVE
Address 7305 COUNTY ROAD 78
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: ALEXANDER DESTEFANO

TREASURER

04/10/2022

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

Title DIRECTOR
Name PROVERBS, THERESA
Address 245 RIVIERA VISTA BLVD
City-State-Zip: LABELLE FL 33935

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