

**2024 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, 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

**FILED**  
**Jan 26, 2024**  
**Secretary of State**  
**1716737450CC**

*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

01/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title VP  
Name TORBETT, DAVE  
Address 7305 COUNTY ROAD 78  
City-State-Zip: LABELLE FL 33935

Title TREASURER  
Name RATICA, JACKIE  
Address 4068 RAINBOW CIR  
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

Title SECRETARY  
Name SELENA, PARRISH  
Address 1526 RIVERBEND DRIVE  
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

PRESIDENT

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            NICOLE, HELLARD  
Address        461 N MAIN ST  
City-State-Zip: LABELLE FL 33935