

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY 18 PH 1:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N48096 (4)

1. Corporation Name

LEVY COUNTY VETERANS SUPPORT GROUP, INC.

Principal Place of Business

Mailing Address

**BOTELLE DRIVE 01
ROUTE 2, BOX 1705
WILLISTON FL 32696**

**BOTELLE DRIVE 01
ROUTE 2, BOX 1705
WILLISTON FL 32696**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

03/25/1992

04/08/1994

4. FEI Number

59-3108046

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DINGEE, VIRGINIA
BOTELLE DRIVE 01
ROUTE 2, BOX 1705
WILLISTON FL 32696**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **REXFORD, HARRIS**
STREET ADDRESS **RT. 3, 742**
CITY - ST - ZIP **WILLISTON FL 32696**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP **600001494356**

TITLE **DV**
NAME **BERNARD, VERNON**
STREET ADDRESS **RT. 4, BOX 205**
CITY - ST - ZIP **WILLISTON FL 32696**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP **85/19/95-0108-011**
*****155.00 ***155.00**

TITLE **D**
NAME **DINGEE, VIRGINIA**
STREET ADDRESS **BOTELLE DR. 01, RT 12, BOX 1705**
CITY - ST - ZIP **WILLISTON FL 32696**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **DT**
NAME **GREENE, REBA**
STREET ADDRESS **RT. 1, BOX 632**
CITY - ST - ZIP **MORRISTON FL 32668**

41 TITLE Change Addition
42 NAME **DT**
43 STREET ADDRESS **BERNARD, FANNIE**
44 CITY - ST - ZIP **RT 4 BOX 205**
WILLISTON FL 32696

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Virginia D. Dingee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-95

904-518-3350

Date

Telephone No.

JD