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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified 03/25/1992
3a. Date of Last Report 04/17/1996

2. Principal Place of Business 21 Sunset Villas Apt. 14 124-14th Ave. SW
2a. Mailing Address 25 Sunset Villas apt. 14 124-14th Ave. SW

4. FEI Number 59-3108046
Applied For Not Applicable

22 Chiefland, Fl. 32626
27 City & State 28 Chiefland, Fl. 32626

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 32626-0203 25 Country
29 Zip 32626-0203 30 Country Levy

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

9. Name and Address of Current Registered Agent
DINGEE, VIRGINIA
BOTELLE DRIVE 01
ROUTE 2, BOX 1705
WILLISTON FL 32696

10. Name and Address of New Registered Agent
81 Name Virginia B. Dingee
82 Street Address (P.O. Box Number is Not Acceptable) Sunset Villas Apt. 14
83 124-14th Ave. Sw
84 City Chiefland, FL 85 Zip Code 32626

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	REXFORD, HARRIS
STREET ADDRESS	RT. 3, 742
CITY-ST-ZIP	WILLISTON FL 32696
TITLE	DV <input type="checkbox"/> DELETE
NAME	BERNARD, VERNON
STREET ADDRESS	RT. 4, BOX 205
CITY-ST-ZIP	WILLISTON FL 32696
TITLE	D <input type="checkbox"/> DELETE
NAME	DINGEE, VIRGINIA
STREET ADDRESS	BOTELLE DR. 01, RT 12, BOX 1705
CITY-ST-ZIP	WILLISTON FL 32696
TITLE	DT <input type="checkbox"/> DELETE
NAME	BERNARD, FANNIE
STREET ADDRESS	RT. 4, BOX 205
CITY-ST-ZIP	WILLISTON FL 32696
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rexford, Harris
1.3 STREET ADDRESS	8790 NE 113th Ave.
1.4 CITY-ST-ZIP	Bronson, Fl. 32621
2.1 TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bernard, Vernon
2.3 STREET ADDRESS	2113 NE 200th Ave.
2.4 CITY-ST-ZIP	Williston, Fl. 32696
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dingee, Virginia
3.3 STREET ADDRESS	124-14th Ave, SW, Sunset Villas Apt. 14
3.4 CITY-ST-ZIP	Chiefland, Fl. 32626-0203
4.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fannie Bernard
4.3 STREET ADDRESS	2113 NE 200th Ave
4.4 CITY-ST-ZIP	Williston, Fl. 32696
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 B. Dingee* REQUIRED

4/21/97

CR2E037 (9/96)