

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000002758

Entity Name: LEVY COUNTY PREVENTION COALITION, INC.

Current Principal Place of Business:

801 S MAIN ST
WILLISTON, FL 32696

Current Mailing Address:

PO BOX 201
WILLISTON, FL 32696 US

FEI Number: 46-2287610

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEWIS, JONATHAN M
801 SOUTH MAIN STREET
WILLISTON, FL 32696 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: JONATHAN M LEWIS

02/22/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WELLS, ROBERT
Address PO BOX 201
City-State-Zip: WILLISTON FL 32696

Title DIRECTOR
Name MUNDEN, JENNIFER
Address PO BOX 201
City-State-Zip: WILLISTON FL 32696

Title CHAIRMAN
Name SELEY, CRYSTAL
Address PO BOX 201
City-State-Zip: WILLISTON FL 32696

Title VC
Name BATTLES, ANNIE
Address PO BOX 201
City-State-Zip: WILLISTON FL 32696

Title SECRETARY
Name RADDER, JENNIFER
Address PO BOX 201
City-State-Zip: WILLISTON FL 32696

Title DIRECTOR
Name BROWN, EDITH
Address PO BOX 201
City-State-Zip: WILLISTON FL 32696

Title COO
Name LEWIS, JONATHAN M
Address PO BOX 201
City-State-Zip: WILLISTON FL 32696

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: JONATHAN M LEWIS

**CHIEF OPERATING
OFFICER**

02/22/2015

Electronic Signature of Signing Officer/Director Detail

Date