

**2023 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:** No

**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

04/16/2023

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

Title           SECRETARY  
Name           BEAUCHAMP III, W.O. "BRETT"  
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**

04/16/2023

Electronic Signature of Signing Officer/Director Detail

Date