

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000589

FILED
Feb 12, 2004
Secretary of State

Entity Name: THE LEVY COUNTY HOUSING AUTHORITY CORE GROUP, INC.

Current Principal Place of Business:

4 WEST PARK AVENUE
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

P O BOX 38
BRONSON, FL 32626

New Mailing Address:

FEI Number: 59-3656857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT L
423 NE 11 DRIVE
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, REGINALD
Address: 332 SE 194TH TERR
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: HELLERMANN, DORIS
Address: P O BOX 117
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: BYRD, MARY
Address: 5571 NW CO. RD 335
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: PARKER, KATRIA
Address: PO BOX 34
City-St-Zip: BRONSON, FL 32621

Title: D () Delete
Name: WILLIAMS, ROBERT L
Address: 923 NE 114 DR
City-St-Zip: CHIEFLAND, FL 32626

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HATCH, CHRISTY A
Address: POST OFFICE BOX 2386
City-St-Zip: CHIEFLAND, FL 32626 23

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT L. WILLIAMS

D

02/12/2004

Electronic Signature of Signing Officer or Director

Date