


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90383 004 ****70.00

| | |
|---|---|
| DOCUMENT # N00000000589 |  |
| 1. Entity Name THE LEVY COUNTY HOUSING AUTHORITY CORE GROUP, INC. | |

| | |
|---|---|
| Principal Place of Business 4 WEST PARK AVENUE CHIEFLAND FL 32626 | Mailing Address 4 WEST PARK AVENUE CHIEFLAND FL 32626 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 11570 NW 68TH Terrace Suite, Apt. #, etc. |
|---|---|

| | |
|--|--|
| City & State Chiefland Florida | City & State Chiefland Florida |
| Zip 32626 | Country Levy |

| | |
|------------------------------------|--|
| 1st MOORE | CR2E037 (10/05) |
| 4. FEI Number 59-3656857 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent WILLIAMS, ROBERT L 11570 NW 68TH TERRACE CHIEFLAND FL 32626 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

8. 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. I am familiar with, and accept the obligations of registered agent.

| | | |
|--|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

| | | | |
|--|---|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, REGINALD 332 SE 194TH TERR WILLISTON FL 32696 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HELLERMANN, DORIS P O BOX 117 CEDAR KEY FL 32625 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BYRD, MARY 5571 NW CO. RD 335 CHIEFLAND FL 32626 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKER, KATRIA PO BOX 34 BRONSON FL 32621 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, ROBERT L 923 NE 114 DR CHIEFLAND FL 32626 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BACH, CHRISTY A POST OFFICE BOX 2386 CHIEFLAND FL 32626 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

| | | | |
|---|---------------------------|---------------------|--------------------------------|
| SIGNATURE: Robert L. Williams | Robert L. Williams | 3-27-06 | 352-486-5420 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |