


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # N00000000589 1. Entity Name THE LEVY COUNTY HOUSING AUTHORITY CORE GROUP, INC.	
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Principal Place of Business 4 WEST PARK AVENUE CHIEFLAND FL 32626	Mailing Address 11590 NW 68TH TERR CHIEFLAND FL 32626
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-3656857
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent WILLIAMS, ROBERT L 11590 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete WILLIAMS, REGINALD
NAME	332 SE 194TH TERR
STREET ADDRESS	WILLISTON FL 32696
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete HELLERMANN, DORIS
NAME	P O BOX 117
STREET ADDRESS	CEDAR KEY FL 32625
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete BYRD, MARY
NAME	5571 NW CO. RD 335
STREET ADDRESS	CHIEFLAND FL 32626
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete PARKER, KATRIA
NAME	PO BOX 34
STREET ADDRESS	BRONSON FL 32621
CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> Delete WILLIAMS, ROBERT L
NAME	11590 NW 68TH TERRACE
STREET ADDRESS	CHIEFLAND FL 32626
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete HOLLAND, CHRISTY A
NAME	POST OFFICE BOX 2386
STREET ADDRESS	CHIEFLAND FL 32626
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	U000000850115 03/21/08-80050-006 70.00
CITY - ST - ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 Williams 3-5-08 353-486 5480