

# 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.**



Principal Place of Business

**4 WEST PARK AVENUE  
CHIEFLAND FL 32626**

Mailing Address

**11590 NW 68TH TERR  
CHIEFLAND FL 32626**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3656857**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, ROBERT L  
11590 NW 68TH TERRACE  
CHIEFLAND FL 32626**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D WILLIAMS, REGINALD**  
STREET ADDRESS **332 SE 194TH TERR**  
CITY- ST- ZIP **WILLISTON FL 32696**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP **U00000850115  
03/21/08-80050-006 70.00**

TITLE ☐ Delete  
NAME **D HELLERMANN, DORIS**  
STREET ADDRESS **P O BOX 117**  
CITY- ST- ZIP **CEDAR KEY FL 32625**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **D BYRD, MARY**  
STREET ADDRESS **5571 NW CO. RD 335**  
CITY- ST- ZIP **CHIEFLAND FL 32626**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **D PARKER, KATRIA**  
STREET ADDRESS **PO BOX 34**  
CITY- ST- ZIP **BRONSON FL 32621**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **P WILLIAMS, ROBERT L**  
STREET ADDRESS **11590 NW 68TH TERRACE**  
CITY- ST- ZIP **CHIEFLAND FL 32626**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **D HOLLAND, CHRISTY A**  
STREET ADDRESS **POST OFFICE BOX 2386**  
CITY- ST- ZIP **CHIEFLAND FL 32626**

TITLE ☐ Change ☐ Addition  
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