

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# N00000000589

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:

11590 NW 68TH TERR
CHIEFLAND, FL 32626

New Mailing Address:

11590 NW 68TH TERR
CHIEFLAND, FL 326264269 US

FEI Number: 59-3656857 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT L
11590 NW 68TH TERRACE
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: P () Delete
Name: WILLIAMS, ROBERT L
Address: 11590 NW 68TH TERRACE
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: HOLLAND, CHRISTY A
Address: POST OFFICE BOX 2386
City-St-Zip: CHIEFLAND, FL 32626 23

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: D (X) Change () Addition
Name: PARKER, KATRINA
Address: PO BOX 34
City-St-Zip: BRONSON, FL 32621

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

ED

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date