

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000589

FILED  
May 22, 2010  
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:**

11590 NW 68TH TERR  
CHIEFLAND, FL 326264269 US

**New Mailing Address:**

**FEI Number:** 59-3656857      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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  
Name: WILLIAMS, REGINALD  
Address: 332 SE 194TH TERR  
City-St-Zip: WILLISTON, FL 32696

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

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

Title: D  
Name: PARKER, KATRINA  
Address: PO BOX 34  
City-St-Zip: BRONSON, FL 32621

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT L. WILLIAMS

P

05/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date