2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000589

FILED May 22, 2010 Secretary of State

Entity Name: THE LEVY COUNTY HOUSING AUTHORITY CORE GROUP, INC.

Current Principal Place of Business: New Principal Place of Business:

4 WEST PARK AVENUE CHIEFLAND, FL 32626

Current Mailing Address: 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 (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: Name and Address of New Registered Agent:

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

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: [

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:

 Name:
 BYRD, MARY

 Address:
 5571 NW CO. RD 335

 City-St-Zip:
 CHIEFLAND, FL 32626

Title:

 Name:
 PARKER, KATRINA

 Address:
 PO BOX 34

 City-St-Zip:
 BRONSON, FL 32621

Title: F

 Name:
 WILLIAMS, ROBERT L

 Address:
 11590 NW 68TH TERRACE

 City-St-Zip:
 CHIEFLAND, FL 32626

Title: [

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