

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90016 047 ****61.25

DOCUMENT # N02000005421

1. Entity Name

LEVY COUNTY ALL-STARS, INC.



Principal Place of Business

131 E. NOBLE AVE.
WILLISTON FL 32696

Mailing Address

131 E. NOBLE AVE.
WILLISTON FL 32696

34037104



MOORE CR2E037 (11/03)

2. Principal Place of Business

20651 NE Hwy 27
Suite, Apt. #, etc.

3. Mailing Address

20651 NE Hwy 27
Suite, Apt. #, etc.

City & State

Williston, FL

City & State

Williston, Fla.

4. FEI Number

50-0004436

Applied For

Not Applicable

Zip

32696

Country

Levy

Zip

32696

Country

Levy

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKHAM, GIGI
95 E MAIN ST
BRONSON FL 32621

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP | PD LEWIS, SHEILA 16850 N.E. 50TH STREET WILLISTON FL 32696 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KRAFT, LAURIE 19030 N.E. 50TH STREET WILLISTON FL 32696 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TUCKER, CELIA 1091 N.E. 155 COURT WILLISTON FL 32696 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HARLEY, SHARI 1350 S.E. 185 AVE. WILLISTON FL 32696 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD Tucker, Celia 1091 NE 155 Court Williston, FL 32696 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Persinger, Audra 6151 SE 177 Ave. Morrison, FL 32668 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VO Martin, June 450 NE 130th Ave. Williston, FL 32696 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Lewis, Sheila 16850 NE 50th Street Williston, FL 32696 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Oliver, Stacey 13252 NW 160th Ave Morrison, FL 32668 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Kraft, Laurie 19030 NE 50th Street Williston, FL 32696 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

352-528-9158

Daytime Phone #