

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005421**

1. Entity Name  
LEVY COUNTY ALL-STARS, INC.



Principal Place of Business  
20651 NE HWY 27  
WILLISTON, FL 32696

Mailing Address  
20651 NE HWY 27  
WILLISTON, FL 32696



02162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
50-0004436

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**5. Name and Address of Current Registered Agent**

BECKHAM, GIGI  
95 E MAIN ST  
BRONSON, FL 32621

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE MD  
NAME TUCKER, CELIA  
STREET ADDRESS 1091 NE 155 COURT  
CITY-ST-ZIP WILLISTON, FL 32696

TITLE PD  
NAME PERSINGER, AUDRA  
STREET ADDRESS 6151 SE 177 AVE.  
CITY-ST-ZIP MORRISTON, FL 32668

TITLE VD  
NAME MARTIN, JUNE  
STREET ADDRESS 450 NE 130TH AVE.  
CITY-ST-ZIP WILLISTON, FL 32696

TITLE TD  
NAME LEWIS, SHEILA  
STREET ADDRESS 16850 NE 50TH ST.  
CITY-ST-ZIP WILLISTON, FL 32696

TITLE SD  
NAME OLIVER, STACEY  
STREET ADDRESS 13252 NW 160TH AVE.  
CITY-ST-ZIP WILLISTON, FL 32696

TITLE SD  
NAME KRAFT, LAURIE  
STREET ADDRESS 19030 NE 50TH ST.  
CITY-ST-ZIP WILLISTON, FL 32696

000000238606  
02/22/05-80006-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

2/18/05 352-528-9158