

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 26, 2006
Secretary of State

DOCUMENT# N02000005421

Entity Name: LEVY COUNTY ALL-STARS, INC.**Current Principal Place of Business:**20651 NE HWY 27
WILLISTON, FL 32696**New Principal Place of Business:****Current Mailing Address:**20651 NE HWY 27
WILLISTON, FL 32696**New Mailing Address:****FEI Number:** 50-0004436**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BECKHAM, GIGI
95 E MAIN ST
BRONSON, FL 32621 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:** MD () Delete
Name: TUCKER, CELIA
Address: 1091 NE 155 COURT
City-St-Zip: WILLISTON, FL 32696**Title:** MD (X) Delete
Name: BECKHAM, GIGI
Address: 95 E MOIN ST
City-St-Zip: BRONSON, FL 32621**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** MD (X) Change () Addition
Name: BECKHAM, GIGI
Address: 95 E MAIN ST
City-St-Zip: BRONSON, FL 32621**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GIGI BECKHAM

MD

09/26/2006

Electronic Signature of Signing Officer or Director

Date