

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009562

FILED  
Feb 17, 2012  
Secretary of State

**Entity Name:** LEVY COUNTY SCHOOL NUTRITION ASSOCIATION, INC.

**Current Principal Place of Business:**

480 MARSBURN DRIVE  
BRONSON, FL 32621

**New Principal Place of Business:**

1205 N. W. 4TH AVE.  
CHIEFLAND, FL 32626

**Current Mailing Address:**

PO DRAWER 129  
BRONSON, FL 32621

**New Mailing Address:**

1205 N. W. 4TH AVE.  
CHIEFLAND, FL 32626

**FEI Number:** 59-2999917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARBER, BETTY  
480 MARSBURN DRIVE  
BRONSON, FL 32621 US

**Name and Address of New Registered Agent:**

MAXWELL, MARILYN K  
1205 N. W. 4TH AVE.  
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: MARILYN K. MAXWELL

02/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BINGAMAN, MERCI  
Address: 1205 N. W. 4TH AVE.  
City-St-Zip: CHIEFLAND, FL 32626

Title: P E  
Name: ROLFE, BRENDA  
Address: 7752 NW 50TH  
City-St-Zip: CHIEFLAND, FL 32626

Title: T  
Name: MAXWELL, MARILYN K  
Address: PO BOX 671  
City-St-Zip: CHIEFLAND, FL 32644

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: MARILYN K. MAXWELL

TREA

02/17/2012

Electronic Signature of Signing Officer or Director

Date