

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32453

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** LEVY COUNTY SCHOOLS FOUNDATION, INC.

**Current Principal Place of Business:**

3750 NE 180TH AVE  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1386  
BRONSON, FL 32621

**New Mailing Address:**

**FEI Number:** 59-2999520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SNIDER, TRENT G  
3750 NE 180TH AVE  
WILLISTON, FL 32696 US

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

DAVIS, HEATH  
7090 C STREET  
CEDAR KEY, FL 32625 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: TAMI WAIN

04/17/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, BARBARA  
Address: 3750 NE 180TH AVENUE  
City-St-Zip: WILLISTON, FL 32696

Title: VP ( ) Delete  
Name: DOLA, FRANK  
Address: 6730 S.W. 135TH AVE  
City-St-Zip: MORRISTON, FL 32668

Title: S ( ) Delete  
Name: SEAY, MELISSA  
Address: 3750 NE 170 AVENUE  
City-St-Zip: WILLISTON, FL 32696

Title: T ( ) Delete  
Name: SNIDER, TRENT G  
Address: 632 NW 233RD TERRACE  
City-St-Zip: NEWBERRY, FL 32669

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SEAY, MELISSA  
Address: 3750 NE 170TH AVENUE  
City-St-Zip: WILLISTON, FL 32696

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, ROBERT L  
Address: 11590 NW 68TH TERRACE  
City-St-Zip: CHIEFLAND, FL 32626

Title: S (X) Change ( ) Addition  
Name: BERGDOLL, DARA  
Address: 17650 NE 60TH STREET  
City-St-Zip: WILLISTON, FL 32696

Title: T (X) Change ( ) Addition  
Name: DAVIS, HEATH  
Address: 7090 C STREET  
City-St-Zip: CEDAR KEY, FL 32625

Title: A ( ) Change (X) Addition  
Name: WAIN, TAMI  
Address: 7430 NW 45TH TER.  
City-St-Zip: CHIEFLAND, FL 32626

I hereby certify that the information supplied with this filing does not qualify 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: TAMI WAIN

A

04/17/2008

Electronic Signature of Signing Officer or Director

Date