

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32453

FILED
Mar 09, 2009
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:

320 MANGO STREET
BRONSON, FL 32621

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:

DAVIS, HEATH
7090 C STREET
CEDAR KEY, FL 32625 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: P () Delete
Name: SEAY, MELISSA
Address: 3750 NE 170TH AVENUE
City-St-Zip: WILLISTON, FL 32696

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MELISSA SEAY

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date