

# N32453

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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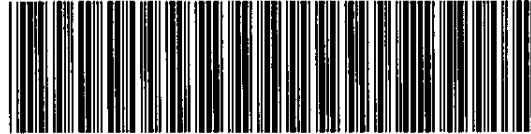
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
15 SEP 17 PM 1:01

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C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Levy County Schools Foundation, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N32453

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Turner

Name of Contact Person

Levy County Schools Foundation, Inc

Firm/Company

PO Box 1386

Address

Bronson FL 32621

City/State and Zip Code

LCSF@levy.k12.fl.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Turner

Name of Contact Person

at ( 352 ) 493 6056

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Levy County Schools Foundation, Inc
2. The principal office address: 4 West Park Avenue  
Chiefland FL 32626
3. The mailing address (if different): PO Box 186  
Bronson FL 32621
4. Date of incorporation/qualification: 5/23/1989 Document number: N32453
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Angela Johnson  
550 NE 130th St  
Trenton FL 32693      Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Donna Turner  
4 West Park Avenue  
Chiefland FL 32626

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Donny George  
Signature of an officer or director

Donny George / President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Donna Turner  
Signature of Registered Agent

9/14/2015  
Date

If signing on behalf of an entity:

Donna Turner  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

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