

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -2 AM 8: 33

DOCUMENT # **N39089 (0)**

1. Corporation Name

**LEVY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.**

Principal Place of Business

Mailing Address

% GEORGE SANDORA  
P.O. BOX 1112  
BRONSON FL 32621-8112

% GEORGE SANDORA  
P.O. BOX 1112  
BRONSON FL 32621-8112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/12/1990</b>	3a. Date of Last Report <b>10/05/1994</b>
4. FEI Number <b>59-3028872</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDORA, GEORGE  
612 E. HATHAWAY AVENUE  
BRONSON FL 32621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>BRYANT, STEVE</b>
STREET ADDRESS	<b>BOX 1800</b>
CITY- ST- ZIP	<b>CHIEFLND FL</b>
TITLE	<b>D</b>
NAME	<b>HENDERSON, SKIPPER</b>
STREET ADDRESS	<b>50 PICNIC ST</b>
CITY- ST- ZIP	<b>BRONSON FL</b>
TITLE	<b>DC</b>
NAME	<b>OWEN, BAYNARD</b>
STREET ADDRESS	<b>3 S. MAIN ST</b>
CITY- ST- ZIP	<b>CHIEFLND FL</b>
TITLE	<b>D</b>
NAME	<b>SCHWIEBERT, KEN</b>
STREET ADDRESS	<b>173 N MAIN ST</b>
CITY- ST- ZIP	<b>WILLISTON FL</b>
TITLE	<b>ED</b>
NAME	<b>SANDORA, GEORGE</b>
STREET ADDRESS	<b>612 E. HATHAWAY</b>
CITY- ST- ZIP	<b>BRONSON FL 32621</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George Sandora*  
**George Sandora, Executive Director**

1-31-95

(Date)

(904) 486-3006

(Telephone Number)