

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **07/12/1990** 3a. Date of Last Report **02/02/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3028872		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	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 617.0502 and 617.1508, 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 617.0503, 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, STEVE	1.2 NAME	SMITH, STONEY
STREET ADDRESS	BOX 1800	1.3 STREET ADDRESS	P O Box 2298 - 224 S. Main Street
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	Chiefland, FL 32644
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, SKIPPER	2.2 NAME	
STREET ADDRESS	50 PICNIC ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRONSON FL	2.4 CITY-ST-ZIP	000001799040
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	04/29/96-01072-037
NAME	OWEN, BAYNARD	3.2 NAME	***61.25
STREET ADDRESS	3 S. MAIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWIEBERT, KEN	4.2 NAME	CASON, JIM
STREET ADDRESS	173 N MAIN ST	4.3 STREET ADDRESS	P O Box 788 - 342 E. Noble Ave.
CITY-ST-ZIP	WILLISTON FL	4.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDORA, GEORGE	5.2 NAME	
STREET ADDRESS	612 E. HATHAWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRONSON FL 32621	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	RUNNELS, CAROL
STREET ADDRESS		6.3 STREET ADDRESS	P O Box 918 - 95 Hwy. 40 West
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Inglis, FL 34449

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 119.07(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 617, 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

1-24-96 (352) 486-3006

George Sandora
George Sandora, Executive Director

Date **04/29/96** Daytime Phone # **418795**

CR2E037 (12/95)