

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

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

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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
NAME BRYANT, STEVE
STREET ADDRESS BOX 1800
CITY-ST-ZIP CHIEFLND FL ☒ DELETE

1.1 TITLE D
1.2 NAME SMITH, STONEY
1.3 STREET ADDRESS P O Box 2298 - 224 S. Main Street
1.4 CITY-ST-ZIP Chiefland, FL 32644 ☒ Change ☐ Addition

TITLE D
NAME HENDERSON, SKIPPER
STREET ADDRESS 50 PICNIC ST
CITY-ST-ZIP BRONSON FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DC
NAME OWEN, BAYNARD
STREET ADDRESS 3 S. MAIN ST
CITY-ST-ZIP CHIEFLND FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SCHWIEBERT, KEN
STREET ADDRESS 173 N MAIN ST
CITY-ST-ZIP WILLISTON FL ☒ DELETE

4.1 TITLE D
4.2 NAME CASON, JIM
4.3 STREET ADDRESS P O Box 788 - 342 E. Noble Ave.
4.4 CITY-ST-ZIP Williston, FL 32696 ☐ Change ☐ Addition

TITLE ED
NAME SANDORA, GEORGE
STREET ADDRESS 612 E. HATHAWAY
CITY-ST-ZIP BRONSON FL 32621 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE D
6.2 NAME RUNNELS, CAROL
6.3 STREET ADDRESS P O Box 918 - 95 Hwy. 40 West
6.4 CITY-ST-ZIP Inglis, FL 34449 ☐ Change ☒ Addition

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, Executive Director

CR2E037 (12/95)