

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39089** (0)  
1. Corporation Name  
**LEVY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.**



Principal Place of Business <b>% GEORGE SANDORA P.O. BOX 1112 BRONSON FL 32621-8112</b>	Mailing Address <b>% GEORGE SANDORA P.O. BOX 1112 BRONSON FL 32621-1112</b>
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3. Date Incorporated or Qualified **07/12/1990** 3a. Date of Last Report **04/28/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number **59-3028872** ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**SANDORA, GEORGE  
612 E. HATHAWAY AVENUE  
BRONSON FL 32621**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, STONEY</b>
STREET ADDRESS	<b>P.O. BOX 2298 224 S. MAIN STREET</b>
CITY-ST-ZIP	<b>CHIEFLND FL 32644</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HENDERSON, SKIPPER</b>
STREET ADDRESS	<b>50 PICNIC ST</b>
CITY-ST-ZIP	<b>BRONSON FL</b>
TITLE	<b>DC</b> <input type="checkbox"/> DELETE
NAME	<b>OWEN, BAYNARD</b>
STREET ADDRESS	<b>3 S. MAIN ST</b>
CITY-ST-ZIP	<b>CHIEFLND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CASON, JIM</b>
STREET ADDRESS	<b>P.O. BOX 788 342 E. NOBLE AVE</b>
CITY-ST-ZIP	<b>WILLISTON FL 32698</b>
TITLE	<b>ED</b> <input type="checkbox"/> DELETE
NAME	<b>SANDORA, GEORGE</b>
STREET ADDRESS	<b>612 E. HATHAWAY</b>
CITY-ST-ZIP	<b>BRONSON FL 32621</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RUNNELS, CAROL</b>
STREET ADDRESS	<b>P.O. BOX 918 95 HWY 40 WEST</b>
CITY-ST-ZIP	<b>INGLIS FL 34449</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	<b>S.T.</b> <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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **George Sandora, Exec. Dir. 4-25-97** 352-486-3006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011483

CR2E037 (9/96)