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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 % GEORGE SANDORA R.O.-BOX 1112 BRONSON FL 32621-0112	Mailing Address % GEORGE SANDORA R.O.-BOX 1112 BRONSON FL 32621-0112
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3. Date Incorporated or Qualified 07/12/1990	Applied For Not Applicable
4. FEI Number 59-3028872	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 296 COMMISSARY ROAD	2a. Mailing Address BOX 100
22. Suite, Apt. #, etc. Box 100	27. Suite, Apt. #, etc.
23. City & State OTHER CREEK, FL	28. City & State OTHER CREEK, FL
24. Zip 32683-0100	25. Country USA
29. Zip 32683	30. Country USA

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
**296 COMMISSARY ROAD
OTHER CREEK, FL
32683-0100**

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: *George Sandora* **GEORGE SANDORA, Executive Director** DATE: **2/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D. WALTON McJORDAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, STONEY		1.2 NAME 333 EASY ST.	
STREET ADDRESS P.O. BOX 2298 224 S. MAIN STREET		1.3 STREET ADDRESS CEDAR KEY, FL 32625	
CITY-ST-ZIP CHIEFLND FL 32644		1.4 CITY-ST-ZIP DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENDERSON, SKIPPER		2.2 NAME 32621	
STREET ADDRESS 50 PICNIC ST		2.3 STREET ADDRESS 32621	
CITY-ST-ZIP BRONSON FL		2.4 CITY-ST-ZIP 32621	
TITLE DC	<input type="checkbox"/> DELETE	3.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OWEN, BAYNARD		3.2 NAME 1825 N. YOUNG BLVD	
STREET ADDRESS 36 MAIN ST		3.3 STREET ADDRESS 32626	
CITY-ST-ZIP CHIEFLND FL		3.4 CITY-ST-ZIP 32626	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASON, JIM		4.2 NAME NICK WILLIAMS	
STREET ADDRESS P.O. BOX 788 342 E. NOBLE AVE		4.3 STREET ADDRESS 707 N. W. 9TH AVE.	
CITY-ST-ZIP WILLISTON FL 32696		4.4 CITY-ST-ZIP WILLISTON FL 32696	
TITLE ED	<input type="checkbox"/> DELETE	5.1 TITLE 296 COMMISSARY Rd., Box 100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDORA, GEORGE		5.2 NAME OTHER CREEK, FL 32683-0100	
STREET ADDRESS 612 E. HATHAWAY		5.3 STREET ADDRESS OTHER CREEK, FL 32683-0100	
CITY-ST-ZIP BRONSON FL 32621		5.4 CITY-ST-ZIP OTHER CREEK, FL 32683-0100	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUNNELS, CAROL		6.2 NAME LOUIS "SKIP" HUGH	
STREET ADDRESS P.O. BOX 918 95 HWY 40 WEST		6.3 STREET ADDRESS 19551 S.E. 111TH COURT	
CITY-ST-ZIP INGLIS FL 34449		6.4 CITY-ST-ZIP INGLIS, FL 34449	

14. I 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: *Owen Baynard* **OWEN BAYNARD, Sec'y/Treas** DATE: **2/98**

CR2037 (10/97)