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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N39089

1. Corporation Name
LEVY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

Principal Place of Business
~~296 COMMISSARY RD~~
~~BOX 100~~
~~OMER CREEK FL 32689~~
 US

Mailing Address
~~BOX 100~~
~~OMER CREEK FL 32689~~
 US



2. Principal Place of Business 21 612 E. Hathaway	2a. Mailing Address 26 P.O. Box 1112	3. Date Incorporated or Qualified 07/12/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3028872
City & State 23 Bronson Fl	City & State 28 Bronson Fl	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32621	Country 25 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 32621	Country 30 US	

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 Lannie D CARDONA
82 Street Address (P.O. Box Number is Not Applicable) 612 E. Hathaway Ave
83
84 City Bronson
85 Zip Code FL 32621

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: Lannie D. Cardona **Lannie D. Cardona Ex Dir** **21 April 99**
Signature, typed or printed in title 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 NAME STREET ADDRESS CITY-ST-ZIP	D MAJORDAN, W 333 EASY ST CEDAR KEY FL 32625	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition McJordan
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HENDERSON, SKIPPER 50 PICNIC ST BRONSON FL 32621	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OWEN, BAYNARD 1825 N YOUNG BLVD CHIEFLND FL 32626	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Young Blvd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, N 707NW 9TH AVE WILLISTON FL 32696	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE ED SANDORA, GEORGE 296 COMMISSARY RD BOX 100 OMER CREEK FL 32683	5.1 TITLE ED 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lannie D. CARDONA 11590 SW 154th Ave Cedar Key Fl 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D HUGH, L 19551 SE 111TH CT INGLIS FL 34449	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Hugh

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, with all other like empowered.

SIGNATURE: Lannie D. Cardona **Lannie D. Cardona** **4/26/99 (352) 486-3006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)