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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

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

HENDERSON, SKIPPER

BRONSON FL 32621

OWEN, BAYNARD

50 PICNIC ST

HUGH, L

19551 SE 111TH CT

LEVY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

Principal P acc	e of Business	Mailing Address			
290 COMMISSI	ART RD	-80× 100 -		4 (BB44)BL BBB 1610 1816 BB16/ (B16) B16/ (B	(18))
BOX-100 -		- OMETT CREEK FL 33683			
OHER CREISK	FL-22689-	- U3		f Eddinat das ining ident abing juriak edit diani u	HALF ATALL ATALL ANDRE DEMAN START COME
US					
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21 6/2/	E. Hathaway	26 P.O. Box 1	112	07/12/1990	
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	,	27		59-3028872	Not Applicable
90 & Stat	ison Fh	City & State	FL	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip 24 326	Country	Zip 29 3262 / 3	Country US	6. Electic n Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
		 _	81 Name	annie D CARDONA	
-Sandora, George			82 Street	Idraes (P.O. Box Number is Not Accentable)	
812 E. HA	THAWAY AVENUE		61	? E. Hathaway HVe	
BRONSON	V FL 3262 1		83	,	
			84 City D	romson_ F	L 85 Zip Code 32/-2/
11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the Statem familias with and accept the obline	502 and 617.1508, Florida Statutes te if Phorida Sush change was aut bations of Section 617.0503, Florid	AL L	exponention submits this statement for the purpose ration's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATURE	Jannie & Co	Marca Lanni		na EX IIC 21 KAIN	199
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MAJORDAN, W		1.2 NAME		
STREET ADDRESS	T10-1 OT		1.3 STREET ADDRESS	McJordan	
CITY-ST-ZIP	CEDAR KEY FL 32625		1.4 CITY-ST-ZIP	1 16 Januare	
TITLE	DC	☐ DELETE	2.1 TITLE		Change Addition

Young Blud 1825 N YOUND BLVD 3.3 STREET ADDRESS STREET ADDRESS CHIEFLND FL 32626 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4. 2 NAME WILLIAMS, N NAME 707NW 9TH AVE 4.3 STREET ADDRESS STREET ADDRESS WILLISTON FL 32696 4.4 CITY-ST-ZIP CITY-ST-ZIP Lannie D. CARDONA Addition DELETE 5.1 TITLE GD TITLE 11590 SW 154 MAJE Cadarkey Flo 5.2 NAME SANDORA, GEORGE NAME 5.3 STREET ADDRESS 296 COMMISSARY RD BOX 100 STREET ADDRESS 3242 5 5.4 CITY-ST-ZIP **OHER CREEK FL 32683** .CITY-ST-ZIP Change 6.1 TITLE ☐ Addition DELETE TITLE D

2.2 NAME

3.1 TITLE

3.2 NAME

☐ DELETE

2.3 STREET ADDRESS

2. 4 CITY-ST-ZIP

6.4 CITY-ST-ZIP INGLIS FL 34449 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0'(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 interest the empowered.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE: LannieSI)36

☐ Addition

_____ Change

Huch