

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48096 (4)

1. Corporation Name

LEVY COUNTY VETERANS SUPPORT GROUP, INC.

Principal Place of Business

Mailing Address

**BOTELLE DRIVE 01
ROUTE 2, BOX 1705
WILLISTON FL 32696**

**BOTELLE DRIVE 01
ROUTE 2, BOX 1705
WILLISTON FL 32696**



| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/25/1992 | | 3a. Date of Last Report 05/18/1995 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3108046 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DINGEE, VIRGINIA
BOTELLE DRIVE 01
ROUTE 2, BOX 1705
WILLISTON FL 32696**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

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 | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REXFORD, HARRIS | 1.2 NAME | |
| STREET ADDRESS | RT. 3, 742 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILLISTON FL 32696 | 1.4 CITY-ST-ZIP | |
| TITLE | DV | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNARD, VERNON | 2.2 NAME | |
| STREET ADDRESS | RT. 4, BOX 205 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILLISTON FL 32696 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DINGEE, VIRGINIA | 3.2 NAME | |
| STREET ADDRESS | BOTELLE DR. 01, RT 12, BOX 1705 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILLISTON FL 32696 | 3.4 CITY-ST-ZIP | |
| TITLE | DT | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNARD, FANNIE | 4.2 NAME | |
| STREET ADDRESS | RT. 4, BOX 205 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILLISTON FL 32696 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: *Virginia B. Dingee* **VIRGINIA DINGEE**

4/8/96

352-528-2250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)