

# 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 # N94000003166 (5)**

1. Corporation Name

**NORTH LEVY COUNTY CHRISTIAN COALITION, INC.**



Principal Place of Business

**151 N YOUNG BLVD  
CHIEFLND FL**

Mailing Address

**PO BOX 74  
CHIEFLND FL 32626**

3. Date Incorporated or Qualified

**06/27/1994**

3a. Date of Last Report

**02/15/1995**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**25**

Suite, Apt. #, etc.

**26**

City & State

**27**

Zip

Country

**28**

**Chiefland, FL**

**USA**

4. FEI Number

**59-3251941**

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

**BEAUCHAMP, W O III  
19 NE 3RD STREET  
CHIEFLND FL 32626**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD**

**QUINCEY, JACK  
LEVY COUNTY ROAD 318  
CHIEFLND FL 32626**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD**

**WHISTLER, MIKE  
RT 1, BOX 575  
TRENTON FL 32693**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD**

**BEAUCHAMP, W O III  
NW 88TH COURT  
CHIEFLND FL 32626**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD**

**QUINCEY, RITA  
HIGHWAY 320  
CHIEFLND FL 32626**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**AD**

**Jack Guirney  
11650 NW 70th Avenue  
Chiefland, FL 32626**

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**TD**

**W.O. Beauchamp, III  
8801 NW 111th Lane  
Chiefland, FL 32626**

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**SD**

**Rita Guirney  
7131 NW 115th Street  
Chiefland, FL 32626**

☒ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352-493-2525**

CR2E037 (12/95)