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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

151 N YOUNG BLVD  
CHIEFLND FL

POST OFFICE BOX 74  
CHIEFLND L 32644-0074  
US

3. Date Incorporated or Qualified  
06/27/1994

3a. Date of Last Report  
02/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-3251941

Applied For  
Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME QUINCEY, JACK  
STREET ADDRESS 11650 NW 70TH AVENUE  
CITY-ST-ZIP CHIEFLND FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME WHISTLER, MIKE  
STREET ADDRESS RT 1, BOX 575  
CITY-ST-ZIP TRENTON FL 32693

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME BEAUCHAMP, W O III  
STREET ADDRESS 8891 NW 111TH STREET  
CITY-ST-ZIP CHIEFLND FL

3.1 TITLE TD  
3.2 NAME BEAUCHAMP, W. O. III  
3.3 STREET ADDRESS 8891 NW 111TH LANE  
3.4 CITY-ST-ZIP CHIEFLAND, FL 32626

TITLE SD  
NAME QUINCEY, RITA  
STREET ADDRESS 7131 NW 115TH STREET  
CITY-ST-ZIP CHIEFLND FL

4.1 TITLE SD  
4.2 NAME RICHBURG, CATHERINE D.  
4.3 STREET ADDRESS 2590 NW 72ND Ter.  
4.4 CITY-ST-ZIP Chiefland, FL 32626

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

W. O. III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97 352-493-265  
Date Daytime Phone # 0011626

CR2E037 (9/96)