NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # N9400003166

NORTH LEVY COUNTY CHRISTIAN COALITION, INC.

Principal Place of Busin
151 N YOUNG BLVD
CUIEELND EL

21

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

POST OFFICE BOX 74 CHIEFLND L 32644

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Apr 07, 1999 8:00 am § Secretary of State

04-07-1999 90099 002 ****61.25

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Date Incorporated or Qualifed 06/27/1994

5. Certifcate of Status Desired

4. FEI Number

59-3251941

Zip Country Zip Country	23		. 28				<u> </u>			Required	
9. Name and Address of Current Registered Agent 8EAUCHAMP, W 0 III 19 NE 3RD STREET CHEFLND FL 32626 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 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, 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, 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, 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, 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, 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, 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, or both agent and state if appointment as registered agent. I have a private agent and state if appointment as registered agent. I have a private agent and state if appointment as registered agent. I have a private agent and state if appointment as registered agent. I have a private agent and state if appointment as registered agent. I have a private agent and state if appointment as registered agent. I have a private agent and state if appointment as registered agent. I have a private agent and state if appointment as registered agent. I have a private agent and state if appointment as registered agent. I have a private agent and accept the objections of the corpo		Country	Zip	Country			6. Election Campaign Financing		\$5.0)0 May Be	,
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BEAUCHAMP, W 0 III 19 NE 3RD STREET CHIEFLND FL 32626 82 Street Address (P.O. Box Number is Not Acceptable) 83	1	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d A	gent		
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 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 tide if applicable. (NOTE: Registered Agent skyrishure required when reincisting) DATE					81	Name					
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 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 tide if applicable. (NOTE: Registered Agent skyrishure required when reincisting) DATE	REALICHA	MP W O III		ŀ	82	Street Addre	ses /P.O. Boy Number is Not Acceptable)				
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TITLE	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent :	signature required	Trior, rolling,				-
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SIRCEL AUDICOS			•								
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	44 Lhorobus	certify that the information supplied w	h this filing does not qualify f	or the ever	mntin	n stated in S	ection 119.07(3)(i). Florida Statutes. I further	certif	y that t	he informati	ion

or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in ent with an address, with all other like empowered.

E REQUIRED

(352)486-5111

Applied For

\$8.75 Additional

Fee Required

Not Applicable