

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000003166

1. Entity Name
NORTH LEVY COUNTY CHRISTIAN COALITION, INC.



Principal Place of Business

151 N YOUNG BLVD
CHIEFLAND, FL 32626

Mailing Address

POST OFFICE BOX 74
CHIEFLAND, FL 32644 US

DO NOT WRITE IN THIS SPACE



03042003 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3251941

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000170844
08/25/04-80002-014 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MELCHIOR, JUANITA S
10251 NE 92 PL
BRONSON, FL 32621

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
WHISTLER, MIKE
7433 NW 147TH PLACE
TRENTON, FL 32693

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
STRANGE, MARIE
8951 NW 40 ST
CHIEFLAND, FL 32626

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juanita S. Melchior President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-04

Date

Daytime Phone #

(352) 339074
222-4181