2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 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
10251 NE 92 PL
BRONSON, FL 32621 US

07062006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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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.

U00000569601
07/12/06-80006-003 61.25

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MELCHIOR, JUANITA S
STREET ADDRESS	10251 NE 92 PL
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	VD
NAME	WHISTLER, MIKE
STREET ADDRESS	7433 NW 147TH PLACE
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	TD
NAME	STRANGE, MARIE
STREET ADDRESS	8951 NW 40 ST
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 7-6-06 (352) 339-0747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #