FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004588 (9)

1. Corporation Name

LEVY COUNTY PUBLIC FACILITIES FINANCE AUTHORITY, INC.

Principal Place of Business	Mailing Address
480 MARSHBURN DRIVE BRONSON FL 32621	480 MARSHBURN DRIVE BRONSON FL 32621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1994
3a. Date of Last Report:
4. FEI Number: 59-3308455 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/P	☒ Change ☐ Addition
NAME	BEAUCHAMP, WAYNE E	12 NAME	Beauchamp,Wayne E	
STREET ADDRESS	480 MARSHBURN DRIVE	13 STREET ADDRESS	480 Marshburn Drive	
CITY-ST-ZIP	BRONSON FL 32621	14 CITY-ST-ZIP	Bronson FL 32621	
TITLE	D	21 TITLE	D/V	☒ Change ☐ Addition
NAME	ALEXANDER, TED	22 NAME	Alexander, Ted	
STREET ADDRESS	480 MARSHBURN DRIVE	23 STREET ADDRESS	480 Marshburn Drive	
CITY-ST-ZIP	BRONSON FL 32621	24 CITY-ST-ZIP	Bronson FL 32621	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ETHERIDGE, G. FRANK	32 NAME		
STREET ADDRESS	480 MARSHBURN DRIVE	33 STREET ADDRESS		
CITY ST ZIP	BRONSON FL 32621	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LOWE, RICKY	42 NAME		
STREET ADDRESS	480 MARSHBURN DRIVE	43 STREET ADDRESS		
CITY ST ZIP	BRONSON FL 32621	44 CITY ST ZIP		
TITLE	D	51 TITLE	D	☒ Change ☒ Addition
NAME	BROOKS, BURKE	52 NAME	Jennefer Shuster	
STREET ADDRESS	480 MARSHBURN DRIVE	53 STREET ADDRESS	480 Marshburn Drive	
CITY ST ZIP	BRONSON FL 32621	54 CITY ST ZIP	Bronson FL 32621	
TITLE		61 TITLE	S	☐ Change ☒ Addition
NAME		62 NAME	Paul D. Johnson	
STREET ADDRESS		63 STREET ADDRESS	480 Marshburn Drive	
CITY ST ZIP		64 CITY ST ZIP	Bronson FL 32621	

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)(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: Ted Alexander — Ted Alexander, Vice President — 4/18/95 — 904-486-5231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010003

N94000045588

School Board of Levy County

PAUL D. JOHNSON
Superintendent

School and Community . . .
Making a Difference

480 Marshburn Dr.
P. O. Drawer 129
Bronson, FL 32621-0129

904-486-5231
SUNCOM 645-5231
FAX 904-486-5237

An Equal Opportunity Employer

M E M O R A N D U M

TO: Division of Corporations

FROM: Robert B. Clemons
Finance Officer

DATE: April 19, 1995

SUBJECT: Annual Report

Enclosed is the Annual Report of the Levy County Public Facilities Finance Authority, Inc.

Please send us a status in good standing as soon as possible.

Thank You.

cc: Bruce Tinney, Director of Finance