

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004588 (9)

1. Corporation Name

LEVY COUNTY PUBLIC FACILITIES FINANCE AUTHORITY,
INC.



Principal Place of Business

480 MARSHBURN DRIVE
BRONSON FL 32621

Mailing Address

480 MARSHBURN DRIVE
BRONSON FL 32621

3. Date Incorporated or Qualified
09/16/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3308455

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

61 Name
Peter Langley, Attorney at Law

62 Street Address (P.O. Box Number is Not Acceptable)
297 Court Street

63

64 City
Bronson,

FL

65 Zip Code
32621

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 Peter Langley, Attorney at Law

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

(NOTE: Registered Agent signature required when changing agent)

4/30/96
DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME BEAUCHAMP, WAYNE E
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL

TITLE DV ☐ DELETE
NAME ALEXANDER, TED
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL

TITLE D ☐ DELETE
NAME ETHERIDGE, G. FRANK
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL 32621

TITLE D ☐ DELETE
NAME LOWE, RICKY
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL 32621

TITLE D ☐ DELETE
NAME SHUSTER, JENNIFER
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL

TITLE S ☐ DELETE
NAME JOHNSON, PAUL D
STREET ADDRESS 480 MARSHBURN DRIVE
CITY-ST-ZIP BRONSON FL

13.

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Beauchamp, Wayne E.
1.3 STREET ADDRESS 480 Marshburn Drive
1.4 CITY-ST-ZIP Bronson, FL 32621

2.1 TITLE DC ☒ Change ☐ Addition
2.2 NAME Alexander, Ted
2.3 STREET ADDRESS 480 Marshburn Drive
2.4 CITY-ST-ZIP Bronson, FL 32621

3.1 TITLE DV ☒ Change ☐ Addition
3.2 NAME Etheridge, G. Frank
3.3 STREET ADDRESS 480 Marshburn Drive
3.4 CITY-ST-ZIP Bronson, FL 32621

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

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)(k), 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, Chairman *Ted Alexander* 4/16/96 904-486-5231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)