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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
480 MARSHBURN DRIVE BRONSON FL 32621	480 MARSHBURN DRIVE BRONSON FL 32621-6221

3. Date Incorporated or Qualified: 09/16/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 [ ]
Suite, Apt. #, etc.
22 [ ]
City & State
23 [ ]
Zip 24 [ ] Country 25 [ ]

2a. Mailing Address
26 P. O. Box 129
Suite, Apt. #, etc.
27 [ ]
City & State
28 Bronson, FL
Zip 29 32621-0129 Country 30 Levy

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

PETER LANGLEY, ATTORNEY AT LAW
297 COURT ST.
BRONSON FL 32621

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 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 _____ 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	☐ DELETE	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	BEAUCHAMP, WAYNE E		1.2 NAME	Beauchamp, Wayne E	
STREET ADDRESS	480 MARSHBURN DRIVE		1.3 STREET ADDRESS	480 Marshburn Drive	
CITY-ST-ZIP	BRONSON FL		1.4 CITY-ST-ZIP	Bronson, Florida	
TITLE	DC	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ALEXANDER, TED		2.2 NAME	Alexander, Ted	
STREET ADDRESS	480 MARSHBURN DRIVE		2.3 STREET ADDRESS	480 Marshburn Drive	
CITY-ST-ZIP	BRONSON FL		2.4 CITY-ST-ZIP	Bronson, Florida	
TITLE	DV	☐ DELETE	3.1 TITLE	DC	☒ Change ☐ Addition
NAME	ETHERIDGE, G. FRANK		3.2 NAME	Etheridge, G. Frank	
STREET ADDRESS	480 MARSHBURN DRIVE		3.3 STREET ADDRESS	480 Marshburn Drive	
CITY-ST-ZIP	BRONSON FL 32621		3.4 CITY-ST-ZIP	Bronson, FLorida	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☒ Addition
NAME	LOWE, RICKY		4.2 NAME	Haile Julia H.	
STREET ADDRESS	480 MARSHBURN DRIVE		4.3 STREET ADDRESS	480 Marshburn Drive	
CITY-ST-ZIP	BRONSON FL 32621		4.4 CITY-ST-ZIP	Bronson, Florida	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHUSTER, JENNIFER		5.2 NAME		
STREET ADDRESS	480 MARSHBURN DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRONSON FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, PAUL D		6.2 NAME		
STREET ADDRESS	480 MARSHBURN DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRONSON FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 added on an attachment with an address.

SIGNATURE: _____ Paul D. Johnson, Superintendent 1/21/1997