

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004588

FILED
Feb 15, 2005
Secretary of State

Entity Name: LEVY COUNTY PUBLIC FACILITIES FINANCE AUTHORITY, INC.

Current Principal Place of Business:

480 MARSHBURN DRIVE
BRONSON, FL 32621

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 129
BRONSON, FL 326210129 US

New Mailing Address:

FEI Number: 59-3308455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEREE LANCASTER, ATTORNEY AT LAW
109 EAST WADE STREET
TRENTON, FL 32693 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORRISON, BILLY R
Address: 480 MARSHBURN DRIVE
City-St-Zip: BRONSON, FL 32621 US

Title: D () Delete
Name: DAVIS, ELIZABETH
Address: 480 MARSHBURN DRIVE
City-St-Zip: BRONSON, FL 32621 US

Title: DV () Delete
Name: ETHERIDGE, G. FRANK
Address: 480 MARSHBURN DRIVE
City-St-Zip: BRONSON, FL 32621 US

Title: DC () Delete
Name: HAILE, JULIA H.
Address: 480 MARSHBURN DRIVE
City-St-Zip: BRONSON, FL 32621 US

Title: D () Delete
Name: SHUSTER, JENNIFER
Address: 480 MARSHBURN DRIVE
City-St-Zip: BRONSON, FL 32621 US

Title: S () Delete
Name: NORRIS, CLIFTON V
Address: 480 MARSHBURN DRIVE
City-St-Zip: BRONSON, FL 32621 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: DAVIS, ELIZABETH
Address: 480 MARSHBURN DRIVE
City-St-Zip: BRONSON, FL 32621 US

Title: DC (X) Change () Addition
Name: ETHERIDGE, G. FRANK
Address: 480 MARSHBURN DRIVE
City-St-Zip: BRONSON, FL 32621 US

Title: D (X) Change () Addition
Name: BROOKINS, PAIGE
Address: 480 MARSHBURN DRIVE
City-St-Zip: BRONSON, FL 32621 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. CLEMONS FOR CLIFTON V. NORRIS

S

02/15/2005

Electronic Signature of Signing Officer or Director

Date