

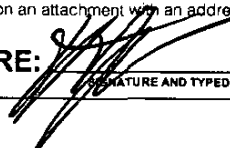


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90109 023 \*\*\*\*70.00

<b>DOCUMENT # N94000004588</b> 1. Entity Name <b>LEVY COUNTY PUBLIC FACILITIES FINANCE AUTHORITY, INC.</b>						
Principal Place of Business <b>480 MARSHBURN DRIVE BRONSON, FL 32621</b>			Mailing Address <b>P.O. BOX 129 BRONSON, FL 32621-0129 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>59-3308455</b>		
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SHEREE LANCASTER, ATTORNEY AT LAW 109 EAST WADE STREET TRENTON, FL 32693</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORRISON, BILLY R</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON, FL 32621</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>DAVIS, ELIZABETH</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON, FL 32621</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>ETHERIDGE, G. FRANK</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON, FL 32621</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROOKINS, PAIGE</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON, FL 32621</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHUSTER, JENNIFER</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON, FL 32621</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NORRIS, CLIFTON V</b> <b>480 MARSHBURN DRIVE</b> <b>BRONSON, FL 32621</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.						
<b>SIGNATURE:</b>  <b>Clifton V. Norris, Superintendent 4/18/06 352-486-5231</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<small>Date Daytime Phone #</small>						

# ATTACHMENT

DATE  
04/18/06

SCHOOL BOARD OF LEVY COUNTY  
P. O. BOX 129  
BRONSON, FL. 32621

VOUCHER NO. PAGE  
004152 1

40056704

PAYEE: FL DEPARTMENT OF STATE # 19400004588 V-000003145  
POB 1500  
TALLAHASSEE FL 323021500

-----INVOICE-----  
-----NUMBER-----  
FY 06 FILING FEE  
\*\*\*\*\*AMT PAID\*\*\*\*\*  
70.00

-----PURCHASE ORDER-----  
NUMBER  
065350  
\*PURCH ORDR AMT\*  
70.00

\*\* TOTAL \*\* 70.00

FUND	FUNCTION	OBJECT	PROJECT	CENTER	** AMOUNT **
100	7200	730	10074	9001	70.00

VOUCHER TOTL 70.00

AUTHORIZED SIGNATURE: \_\_\_\_\_