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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004632 (3)**

1. Corporation Name

LEVY VOICE, INC.

Principal Place of Business

Mailing Address

P.O. DRAWER 1719
BRONSON FL 32621

P.O. DRAWER 1719
BRONSON FL 32621-1719



3. Date Incorporated or Qualified **09/06/1996** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3435065		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAHAN, MILTON
9150 NE 80TH AVE.
BRONSON FL 32621

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRES
NAME	MCKOY, LESSIE	1.2 NAME	JUNKER, FRITZ
STREET ADDRESS	P.O. BOX 165 N/A	1.3 STREET ADDRESS	11456 SE 56 LN.
CITY-ST-ZIP	BRONSON FL 32621	1.4 CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	T	2.1 TITLE	TRES
NAME	LAMB, MADLENE	2.2 NAME	LAMB, MARLENE
STREET ADDRESS	P.O. BOX 1210 N/A	2.3 STREET ADDRESS	PO BOX 1210 N/A
CITY-ST-ZIP	BRONSON FL 32621	2.4 CITY-ST-ZIP	BRONSON, FL 32621
TITLE	D	3.1 TITLE	Delecome
NAME	GOODWIN, KENNETH	3.2 NAME	JONES, DEBRA
STREET ADDRESS	RT. 2 BOX 329	3.3 STREET ADDRESS	547 NW 2ND AV
CITY-ST-ZIP	MORRISTON FL 32668	3.4 CITY-ST-ZIP	WELLISTON, FL 32696
TITLE	S	4.1 TITLE	
NAME	ASBELL, AVIS	4.2 NAME	
STREET ADDRESS	7851 NW 70TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL 32626	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	Vice Pres
NAME	JUNKER, FRITZ	5.2 NAME	MCKOY, LESSIE
STREET ADDRESS	11456 SE 56TH LN.	5.3 STREET ADDRESS	P.O. BOX 165 N/A
CITY-ST-ZIP	MORRISTON FL 32668	5.4 CITY-ST-ZIP	BRONSON, FL 32621
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE:

Lessie McKoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011490

CR2E037 (9/96)