

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90016 038 \*\*\*\*61.25

**DOCUMENT # N96000004632**

1. Entity Name

LEVY VOICE, INC.



Principal Place of Business

P.O. DRAWER 1719  
BRONSON FL 32621

Mailing Address

P.O. DRAWER 1719  
BRONSON FL 32621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3435065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMB, MARLENE  
707 SE 1ST ST  
WILLISTON FL 32696

7. Name and Address of New Registered Agent

Name GRAVELINE - ERNIE

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

PO Box 42-19510 SE 42nd Pl.

City

MORRISTON

FL

Zip Code

32668

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

Ernie Graveline

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

(NOTE: Registered Agent signature required when reinstating)

DATE

020604

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LAMB, MARLENE ☒ Delete  
STREET ADDRESS 707 SE 1ST ST  
CITY-ST-ZIP WILLISTON FL 32696

TITLE T  
NAME HAWTHORNE, LOIS ☐ Delete  
STREET ADDRESS P O BOX 701 - 13961 NE 9TH STREET  
CITY-ST-ZIP WILLISTON FL 32696

TITLE D  
NAME BAKER, BILL ☒ Delete  
STREET ADDRESS 5330 NW 86TH ST P.O. BOX 1598  
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE S  
NAME BAYER, BERYL ☐ Delete  
STREET ADDRESS 11751 SE 16TH LANE  
CITY-ST-ZIP MORRISTON FL 32668

TITLE VPD  
NAME GOODWIN, KEN ☒ Delete  
STREET ADDRESS 17150 SE 60 ST  
CITY-ST-ZIP MORRISTON FL 32668

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME Goodwin - Ken  
STREET ADDRESS 17150 SE 60th ST  
CITY-ST-ZIP MORRISTON, FL 32668

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE DIRECTOR - AT-LARGE ☒ Change ☐ Addition  
NAME DAMANN - EARL  
STREET ADDRESS 2950 SE 150th ST  
CITY-ST-ZIP MORRISTON, FL 32668

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME munsell - tom  
STREET ADDRESS 15851 NE 55th ST  
CITY-ST-ZIP Williston, FL 32696

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

12. I 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 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.

SIGNATURE: HAWTHORNE-LOIS J. Hawthorne, Lois J. 020604 352-528-9928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #