

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90084 034 \*\*\*\*70.00

<b>DOCUMENT # N96000004632</b>					
<b>1. Entity Name</b> LEVY VOICE, INC.					
<b>Principal Place of Business</b> P.O. DRAWER 1719 BRONSON, FL 32621			<b>Mailing Address</b> P.O. DRAWER 1719 BRONSON, FL 32621		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01242005 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 59-3435065				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GRAVELINE, ERNIE 19510 SE 42ND PL PO BOX 42 MORRISTON, FL 32668			Name <u>William B BAKER</u> Street Address (P.O. Box Number is Not Acceptable) <u>5330 NW 86 ST</u> City <u>CHIEFLAND</u> FL Zip Code <u>32626</u>		
<b>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.</b>					
SIGNATURE <u>William B Baker</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>02-09-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <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>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD GOODWIN, KEN 17150 SE 60TH ST MORRISTON, FL 32668	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T HAWTHORNE, LOIS P O BOX 701 - 13961 NE 9TH STREET WILLISTON, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D DAMANN, EARL 2950 SE 150TH ST MORRISTON, FL 32668	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S BAYER, BERYL 11751 SE 16TH LANE MORRISTON, FL 32668	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VPD MUNSELL, TOM 15851 NE 55TH ST WILLISTON, FL 32696	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T Julia Allene Goodwin 17150 SE 60 St. Morriston, FL 32668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D Stella Damann 802 SE Main St. Williston, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S BAYER, BERYL 11751 SE 16TH LANE MORRISTON, FL 32668	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VPD MUNSELL, TOM 15851 NE 55TH ST WILLISTON, FL 32696	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S BAYER, BERYL 11751 SE 16TH LANE MORRISTON, FL 32668	<input type="checkbox"/> Delete			
<b>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 life empowered.</b>					
SIGNATURE: <u>Bennett C Goodwin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-9-05</u> Daytime Phone # <u>352-528-3744</u>		