

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 12, 2004  
Secretary of State**

DOCUMENT# N00000000589

Entity Name: THE LEVY COUNTY HOUSING AUTHORITY CORE GROUP, INC.

**Current Principal Place of Business:**

4 WEST PARK AVENUE  
CHIEFLAND, FL 32626

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 38  
BRONSON, FL 32626

**New Mailing Address:**

FEI Number: 59-3656857      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLIAMS, ROBERT L  
423 NE 11 DRIVE  
CHIEFLAND, FL 32626      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: WILLIAMS, REGINALD  
Address: 332 SE 194TH TERR  
City-St-Zip: WILLISTON, FL 32696

Title: D      ( ) Delete  
Name: HELLERMANN, DORIS  
Address: P O BOX 117  
City-St-Zip: CEDAR KEY, FL 32625

Title: D      ( ) Delete  
Name: BYRD, MARY  
Address: 5571 NW CO. RD 335  
City-St-Zip: CHIEFLAND, FL 32626

Title: D      ( ) Delete  
Name: PARKER, KATRIA  
Address: PO BOX 34  
City-St-Zip: BRONSON, FL 32621

Title: D      ( ) Delete  
Name: WILLIAMS, ROBERT L  
Address: 923 NE 114 DR  
City-St-Zip: CHIEFLAND, FL 32626

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: D      ( ) Change (X) Addition  
Name: HATCH, CHRISTY A  
Address: POST OFFICE BOX 2386  
City-St-Zip: CHIEFLAND, FL 32626 23

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 L. WILLIAMS

D

02/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date