

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91873 001 ***387.50

0070567

DOCUMENT # N00000000589

1. Entity Name

**THE LEVY COUNTY HOUSING AUTHORITY CORE GROUP, IN
C.**



Principal Place of Business

**4 WEST PARK AVENUE
CHIEFLAND FL 32626**

Mailing Address

**P O BOX 38
BRONSON FL 32626**

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 **59-3656857**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT L
423 NE 11 DRIVE
CHIEFLAND FL 32626**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, REGINALD	
STREET ADDRESS	332 SE 194TH TERR	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLERMANN, DORIS	
STREET ADDRESS	P O BOX 117	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, MARY	
STREET ADDRESS	5571 NW CO. RD 335	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATRIA PARKER	
STREET ADDRESS	P O BOX 38	
CITY-ST-ZIP	BRONSON FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert L Williams	
STREET ADDRESS	923 NE 11th Dr	
CITY-ST-ZIP	Chiefland FL 32626	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: **Robert L Williams**
SIGNATURE REQUIRED

4-25-03 486-5400 x2

CR2E037 (10/02)