

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000589

**FILED**  
**Jan 29, 2020**  
**Secretary of State**  
**6563942583CC**

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

**Current Principal Place of Business:**

4 WEST PARK AVENUE  
CHIEFLAND, FL 32626

**Current Mailing Address:**

4 WEST PARK AVENUE  
SUITE 4  
CHIEFLAND, FL 32626 US

**FEI Number:** 59-3656857

**Certificate of Status Desired:** Yes

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

WILLIAMS, ROBERT L  
4 WEST PARK AVENUE  
CHIEFLAND, FL 32626 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILLIAMS, ROBERT L  
Address        4 WEST PARK AVENUE  
                  SUITE 4  
City-State-Zip: CHIEFLAND FL 32626

Title            VP  
Name            HOLLAND, CHRISTY A  
Address        4 WEST PARK AVENUE  
City-State-Zip: CHIEFLAND FL 32626

Title            TREASURER  
Name            HOLTHUS, DEBRA J  
Address        4 WEST PARK AVENUE  
City-State-Zip: CHIEFLAND FL 32626

Title            SECRETARY  
Name            LANGFORD, BRIANA  
Address        4 WEST PARK AVENUE  
                  SUITE 4  
City-State-Zip: CHIEFLAND FL 32626

Title            DIRECTOR  
Name            SAUDER, KEITH A  
Address        4 WEST PARK AVENUE  
City-State-Zip: CHIEFLAND FL 32626

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT L WILLIAMS**

**PRESIDENT**

**01/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date