

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004588

Entity Name: LEVY COUNTY PUBLIC FACILITIES FINANCE AUTHORITY, INC.**Current Principal Place of Business:**480 MARSHBURN DRIVE
BRONSON, FL 32621**Current Mailing Address:**480 MARSHBURN DRIVE
480 MARSHBURN DRIVE
BRONSON, FL 32621-0129 US**FEI Number:** 59-3308455**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELANEY, DAVID MESQ.
203 NE 1ST AVENUE
GAINESVILLE, FL 32601 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	DIRECTOR
Name	ASBELL, CAMERON A
Address	480 MARSHBURN DRIVE
City-State-Zip:	BRONSON FL 32621

Title	DIRECTOR
Name	ETHRIDGE, BRADLEY E
Address	480 MARSHBURN DRIVE
City-State-Zip:	BRONSON FL 32621

Title	CHAIRMAN
Name	BROOKINS, PAIGE
Address	480 MARSHBURN DRIVE
City-State-Zip:	BRONSON FL 32621

Title	SECRETARY
Name	EDISON, JEFFERY R
Address	480 MARSHBURN DRIVE
City-State-Zip:	BRONSON FL 32621

Title	VC
Name	COWART, CHRISTOPHER D
Address	480 MARSHBURN DRIVE
City-State-Zip:	BRONSON FL 32621-0129

Title	DIRECTOR
Name	ASHLEY , CLEMENZI
Address	480 MARSHBURN DRIVE
City-State-Zip:	BRONSON FL 32621

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: JEFFERY EDISON**SECRETARY****01/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date