

**2013 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:**P.O. BOX 129  
BRONSON, FL 32621-0129 US**FEI Number: 59-3308455****Certificate of Status Desired: Yes****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 CHAIRMAN  
Name ASBELL, CAMERON A  
Address 480 MARSHBURN DRIVE  
City-State-Zip: BRONSON FL 32621

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

Title SECRETARY  
Name HASTINGS, ROBERT O  
Address 480 MARSHBURN DRIVE  
City-State-Zip: BRONSON FL 32621

Title DIRECTOR  
Name PHILPOT, ROBERT  
Address P.O. BOX 129  
City-State-Zip: BRONSON FL 32621-0129

Title DIRECTOR  
Name TURNER, RICK H  
Address 480 MARSHBURN DRIVE  
City-State-Zip: BRONSON FL 32621

Title DIRECTOR  
Name COWART, CHRISTOPHER D  
Address P.O. BOX 129  
City-State-Zip: BRONSON FL 32621-0129

*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 O. HASTINGS****SECRETARY****03/11/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date