

**2022 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	OFFICER
Name	ASBELL, CAMERON A
Address	480 MARSHBURN DRIVE
City-State-Zip:	BRONSON FL 32621

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

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

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

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

Title	OFFICER
Name	BOYLE, TAMARA
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:** CHRISTOPHER A. COWART**SECRETARY****01/18/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date