

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739351 (5)**
1. Corporation Name
LIBERTY COUNTY SENIOR CITIZENS ASSOCIATION, INC.



Principal Place of Business Mailing Address
HWY 12 SO. PO BOX 730 BRISTOL FL 32321 **HWY 12 SO. PO BOX 730 BRISTOL FL 32321**

3. Date Incorporated or Qualified **06/14/1977** 3a. Date of Last Report **03/10/1995**
4. FEI Number **59-1769552** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MCCLELLAN CHARLES
HWY. 20
1313 HOECAKE ST.
BRISTOL FL 32321**

10. Name and Address of New Registered Agent
81 Name **EARNEST W. SUMNER**
82 Street Address (P.O. Box Number is Not Acceptable) **BLUE CREEK ROAD**
83 **ROUTE 1 BOX 68**
84 City **HOSFORD FL** 85 Zip Code **32334**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Earnest W. Sumner* **Earnest W. Sumner PD** **3-25-96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLELLAN CHARLES	
STREET ADDRESS	P. O. BOX 1119 HWY. 20 N/A	
CITY-ST-ZIP	BRISTOL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SEVERANCE, DARLENE	
STREET ADDRESS	PO BOX 697 HWY 20	
CITY-ST-ZIP	BRISTOL FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	REED, MARY	
STREET ADDRESS	PO BOX 763 HWY 20	
CITY-ST-ZIP	BRISTOL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SUMNER, HAL	
STREET ADDRESS	PO BOX 68 HWY 20	
CITY-ST-ZIP	BRISTOL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUMNER, EARNIE	
STREET ADDRESS	RT 1 BOX 68 BLUE CREEK RD	
CITY-ST-ZIP	HOSFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SUMNER, EARNEST W.	
13 STREET ADDRESS	ROUTE 1 BOX 68 BLUE CREEK ROAD	
14 CITY-ST-ZIP	HOSFORD, FL 32334	
21 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HOSFORD, JOYCE	
23 STREET ADDRESS	ROUTE 1 BOX 98 HWY 65 N	
24 CITY-ST-ZIP	HOSFORD, FL 32334	
31 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VICKERS, LISA	
33 STREET ADDRESS	POST OFFICE BOX 550 HWY 65 S	
34 CITY-ST-ZIP	BRISTOL, FL 32321	
41 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BROWN, JOE	
43 STREET ADDRESS	ROUTE 1 BOX 67 D BLUE CREEK RD	
44 CITY-ST-ZIP	HOSFORD, FL 32334	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Lisa A. Vickers* **Lisa A. Vickers, Secretary** **3/25/96** **904-643-2221**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

3/25/96