


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 739351 (5)

1. Corporation Name
LIBERTY COUNTY SENIOR CITIZENS ASSOCIATION, INC.



Principal Place of Business HWY 12 SO. PO BOX 730 BRISTOL FL 32321	Mailing Address HWY 12 SO. PO BOX 730 BRISTOL FL 32321-0730
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/14/1977	3a. Date of Last Report 04/08/1996
21	26	4. FEI Number 59-1769552	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**SUMNER, EARNEST W
BLUE CREEK ROAD
ROUTE 1 BOX 68
HOSFORD FL 32334**

81 Name
Vickers, Lisa

82 Street Address (P.O. Box Number is Not Acceptable)
Highway 65 South

83

84 City
Hosford,

85 Zip Code
FL 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: *[Signature]* **Lisa Vickers** DATE: **1/30/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, EARNEST W	1.2 NAME	VICKERS, LISA
STREET ADDRESS	ROUTE 1 BOX 68 BLUE CREEK ROAD	1.3 STREET ADDRESS	HIGHWAY 65 SOUTH
CITY-ST-ZIP	HOSFORD FL 32334	1.4 CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSFORD, JOYCE	2.2 NAME	REED, MARY
STREET ADDRESS	ROUTE 1 BOX 98 HWY 65 N	2.3 STREET ADDRESS	HIGHWAY 12 NORTH
CITY-ST-ZIP	HOSFORD FL 32334	2.4 CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, LISA	3.2 NAME	SUMMERS, MAXINE
STREET ADDRESS	PO BOX 550 HWY 65 S	3.3 STREET ADDRESS	ROUTE 1 BOX 389
CITY-ST-ZIP	BRISTOL FL 32321	3.4 CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNR, JOE	4.2 NAME	DAVIS, REK
STREET ADDRESS	ROUTE 1 BOX 87 D BLUE CREEK RD	4.3 STREET ADDRESS	ROUTE 1 BOX 243-C
CITY-ST-ZIP	HOSFORD FL 32334	4.4 CITY-ST-ZIP	BRISTOL, FLORIDA 32321
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Maxine Summers** 904-643-2442

CR2E037 (9/96)