## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B<sub>4</sub> Morthagn

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

739351

(5)

## LIBERTY COUNTY SENIOR CITIZENS ASSOCIATION, INC.

Principal Place of Business	Mailing Address	s sadam natta sillin danas inna dalla sudi atam andin atam atam atam atam atam diati diati diati
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
		4. FEI Number Applied For
		59-1769552 Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26	5. Gertificate of Status Desired See Regulred Fee Regulred
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
City & State	City & State	7. Is this nonprofit corporation a homeowners association?
Zip Country 25	Zip Coi	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
		81 Name Cynthia H. Proctor
VICKERS, LISA HIGHWAY 65 SOUTH		82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 550
ROUTE 1 BOX 68		Hwy 20 East
HOSFORD FL 32334		Bristol FL 85 Zip Code 32321

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 (Advisor) and Accept that objections of Section 617,0503. Florida Statutes.

agent. I am Japhiliar with, and acceptable obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Y MOCKY 2-25-98					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aigneture required when reinstating)  DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD X DELETE	1.1 TITLE	President D		
NAME	VICKERS, LISA	1.2 NAME	Cynthia H. Proctor		
STREET ADDRESS	HIGHWAY 65 SOUTH	1.3 STREET ADDRESS	P.O. Box 550, Hwy 20 East		
CITY-ST-ZIP	HOSFORD FL	1.4 CITY-ST-ZIP	Bristol, FL 32321		
TITLE	TD DELETE	2.1 TITLE	Vice President D		
NAME	REED, MARY	2.2 NAME	Hary Reed		
STREET ADDRESS	HIGHWAY 12 NORTH	2.3 STREET ADDRESS	P.O. Box 763, Hwy 12 North		
CITY-ST-ZIP	BRISTOL FL	2.4 CITY-ST-ZIP	Bristol Ft. 32321		
TITLE	ST DELETE	3.1 TITLE	Change Addition		
NAME	SUMMERS, MAXINE	3.2 NAME			
STREET ADDRESS	ROUTE 1, BOX 389, Hwy 20 East	3.3 STREET ADDRESS			
CITY-ST-ZIP	BRISTOL FL	3.4. CITY - ST - ZIP			
TITLE	VD DELETE	4.1 TITLE	Treasurer D Addition		
NAME	DAVIS, REX	4. 2 NAME	Fred Hordon		
STREET ADDRESS	ROUTE 1, BOX 243-C Hwy 12 South	4.3 STREET ADDRESS	C/O U.S. Postal Service, Church St.		
CITY-ST-ZIP	BRISTOL FL	4.4 CITY-ST-ZIP	Bristol, FL 32321		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE	Change Addition		
NAME		6.2 NAME			
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4. I 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 chapted, or on an attachment with an address.

SIGNATURE: V MOCK Whock Walle Conthia H. Proctor 2-75-98 850-13-514

CR2E037 (10/97)

**FILED** 

Mar 30 1998 8:00am

Secretary of State