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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90078 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 739351

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



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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
PROCTOR, CYNTHIA H P O BOX 550 HWY 20 EAST BRISTOL FL 32321				81	Name	
				82	Street Address (P.O. Box Number is Not Acceptable)	
				83		
				84	City	
				FL	85	Zip Code

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: *Cynthia Proctor* **Cynthia Proctor** **03/09/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, CYNTHIA H	1.2 NAME	
STREET ADDRESS	P O BOX 550, HWY 20 EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, MARY	2.2 NAME	Barber, Linda
STREET ADDRESS	P O BOX 763, HWY 12 NORTH	2.3 STREET ADDRESS	P.O. Box 369 Hwy. 20 East
CITY-ST-ZIP	BRISTOL FL 32321	2.4 CITY-ST-ZIP	Bristol, Florida 32321
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, MAXINE	3.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 389	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORDON, FRED	4.2 NAME	
STREET ADDRESS	C/O US POSTAL SERVICE, CHURCH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Cynthia Proctor* **Cynthia Proctor** **03/09/99** **(850) 643-5613**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)