

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90012 047 ****61.25

80028654



DO NOT WRITE IN THIS SPACE

DOCUMENT # 739351

1. Entity 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
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2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1769552		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PROCTOR, CYNTHIA H P O BOX 550 HWY 20 EAST BRISTOL FL 32321				Name Carroll Copeland			
				Street Address (P.O. Box Number is Not Acceptable)			
				Hwy 12 South P. O. Box 612 City Bristol FL Zip Code 32321			
				City Bristol FL Zip Code 32321			

8. 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: *Carroll Copeland* **Carroll Copeland, PD** DATE: **2-22-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROCTOR, CYNTHIA H P O BOX 550, HWY 20 EAST BRISTOL FL 32321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carroll Copeland hwy 12 South P. O. Box 612 Bristol, Florida 32321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARBER, LINDA PO BOX 369 BRISTOL FL 32321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUMMERS, MAXINE ROUTE 1, BOX 389 BRISTOL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Proctor, Cynthia H. Hwy 20 East P. O. Box 550 Bristol, Florida 32321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HORDON, FRED C/O US POSTAL SERVICE, CHURCH ST BRISTOL FL 32321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carroll Copeland* **SIGNATURE REQUIRED** DATE: **2-23-00** DAYTIME PHONE #: **850-643-3777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)