


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90013 027 ****61.25

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	
2. Principal Place of Business <i>15629 NW CR 12</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Bristol, FL</i>		City & State	
4. FEI Number 59-1769552		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUMNER, RUDY HWY 65 S PO BOX 72 TELOGIA, FL 32360		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Rudy Sumner</i>		Rudy Sumner President BOD 2-16-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ST SUMMERS, MAXINE <input checked="" type="checkbox"/> Delete	TITLE	<i>S</i> Ellen Hull <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUTE 1, BOX 389	NAME	<i>Rt 1 Box 117A</i>
STREET ADDRESS	BRISTOL, FL	STREET ADDRESS	<i>Bristol, FL 32321</i>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD SUMNER, RUDY <input checked="" type="checkbox"/> Delete	TITLE	VPD Larry Brown <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HWY 65 SOUTH PO BOX 72	NAME	<i>Rt 1, Box 10-X</i>
STREET ADDRESS	TELOGIA, FL 32360	STREET ADDRESS	<i>Hosford FL 32334</i>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P SUMNER, RUDY <input type="checkbox"/> Delete	TITLE	<i>D</i> <i>malone Gifford</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HWY 65 S PO BOX 72	NAME	<i>Todd Road</i>
STREET ADDRESS	TELOGIA, FL 32360	STREET ADDRESS	<i>Hosford, FL 32334</i>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D VICKERS, LISA <input checked="" type="checkbox"/> Delete	TITLE	<i>D</i> Peggy Shiver <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HWY 20 S PO BOX 550	NAME	<i>Rt 2, Box 109</i>
STREET ADDRESS	BRISTOL, FL 32321	STREET ADDRESS	<i>Bristol, FL 32321</i>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<i>P</i> Gerald Barber <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Rt 1, Box 123-B</i>
STREET ADDRESS		STREET ADDRESS	<i>Bristol, FL 32321</i>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Rudy Sumner</i>		Rudy Sumner 2-16-04 850-643-5690	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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