

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90125 013 \*\*\*\*61.25

**DOCUMENT # 739351**



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

Principal Place of Business  
 15629 NW CR 12  
 BRISTOL, FL 32321

Mailing Address  
 HWY 12 SO, PO BOX 730  
 BRISTOL, FL 32321

50029738



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02212005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 59-1769552

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMNER, RUDY  
 HWY 65 S PO BOX 72  
 TELOGIA, FL 32360

7. Name and Address of New Registered Agent

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 Rudy Sumner, P BOD Rudy Sumner 3-18-05  
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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HALL, JO ELLEN	
STREET ADDRESS	RT 1 BOX 117A	
CITY-ST-ZIP	BRISTOL, FL 32321	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROWN, LARRY	
STREET ADDRESS	RT 1 BOX 10-X	
CITY-ST-ZIP	HOSFORD, FL 32334	
TITLE	P	<input type="checkbox"/> Delete
NAME	SUMNER, RUDY	
STREET ADDRESS	HWY 65 S PO BOX 72	
CITY-ST-ZIP	TELOGIA, FL 32360	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFORD, MALONE	
STREET ADDRESS	TODD RD.	
CITY-ST-ZIP	HOSFORD, FL 32334	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIVER, PEGGY	
STREET ADDRESS	RT 2 BOX 109	
CITY-ST-ZIP	BRISTOL, FL 32321	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBER, GERALD	
STREET ADDRESS	RT 1, BOX 123-B	
CITY-ST-ZIP	BRISTOL, FL 32321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Rudy Sumner Rudy Sumner 3-18-05 850-643-5690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #