

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90006 001 ****61.25

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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

40008650



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007

Chg-NP

CR2E037 (12/06)

City & State

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

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

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, 2007

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 ☐ Delete
NAME HALL, JO ELLEN
STREET ADDRESS RT 1 BOX 117A
CITY-ST-ZIP BRISTOL, FL 32321

TITLE VPD ☐ Delete
NAME BROWN, LARRY
STREET ADDRESS RT 1 BOX 10-X
CITY-ST-ZIP HOSFORD, FL 32334

TITLE P ☐ Delete
NAME SUMNER, RUDY
STREET ADDRESS HWY 65 S PO BOX 72
CITY-ST-ZIP TELOGIA, FL 32360

TITLE D ☐ Delete
NAME CLIFORD, MALONE
STREET ADDRESS TODD RD.
CITY-ST-ZIP HOSFORD, FL 32334

TITLE D ☐ Delete
NAME SHIVER, PEGGY
STREET ADDRESS RT 2 BOX 109
CITY-ST-ZIP BRISTOL, FL 32321

TITLE D ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rudy Sumner 2-1-07
Date

850-643-5690
Daytime Phone #