

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739351

FILED
Feb 10, 2009
Secretary of State

Entity Name: LIBERTY COUNTY SENIOR CITIZENS ASSOCIATION, INC.

Current Principal Place of Business:

15629 NW CR 12
BRISTOL, FL 32321

New Principal Place of Business:

Current Mailing Address:

NW CR 12 PO BOX 730
BRISTOL, FL 32321

New Mailing Address:

PO BOX 730
BRISTOL, FL 32321

FEI Number: 59-1769552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HALL, JO ELLEN
Address: RT 1 BOX 117A
City-St-Zip: BRISTOL, FL 32321

Title: VPD () Delete
Name: BROWN, LARRY
Address: RT 1 BOX 10-X
City-St-Zip: HOSFORD, FL 32334

Title: P () Delete
Name: SUMNER, RUDY
Address: HWY 65 S PO BOX 72
City-St-Zip: TELOGIA, FL 32360

Title: D () Delete
Name: ALFORD, MALONE
Address: TODD RD.
City-St-Zip: HOSFORD, FL 32334

Title: D () Delete
Name: SHIVER, PEGGY
Address: RT 2 BOX 109
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: BARBER, GERALD
Address: RT 1, BOX 123-B
City-St-Zip: BRISTOL, FL 32321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: HALL, JO ELLEN
Address: 17901 NW CR 67
City-St-Zip: BRISTOL, FL 32321

Title: VPD (X) Change () Addition
Name: BROWN, LARRY
Address: 15983 SHADOW LANE
City-St-Zip: HOSFORD, FL 32334

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHIVER, PEGGY
Address: 2637 NW SR 270
City-St-Zip: BRISTOL, FL 32321

Title: D (X) Change () Addition
Name: BARBER, GERALD
Address: 19780 NW CR 67
City-St-Zip: BRISTOL, FL 32321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDY SUMNER

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date