

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90063 004 ****61.25

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 *Rudy Sumner* Rudy Sumner, President BOD 3-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, CARROLL	NAME	
STREET ADDRESS	HWY 12 SOUTH PO BOX 612	STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, MAXINE	NAME	
STREET ADDRESS	ROUTE 1, BOX 389	STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, RUDY	NAME	
STREET ADDRESS	HWY 65 SOUTH PO BOX 72	STREET ADDRESS	
CITY-ST-ZIP	TELOGIA FL 32360	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, CARROLL	NAME	
STREET ADDRESS	HWY 12 S PO BOX 612	STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, RUDY	NAME	
STREET ADDRESS	HWY 65 S PO BOX 72	STREET ADDRESS	
CITY-ST-ZIP	TELOGIA FL 32360	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, LISA	NAME	
STREET ADDRESS	HWY 20 S PO BOX 550	STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	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* President, Board of Directors 3-17-03

CR2E037 (10/02)