

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012303

FILED
Jan 16, 2009
Secretary of State

Entity Name: LIBERTY COMMUNITY HEALTH CARE, INC.

Current Principal Place of Business:

12832 NW CENTRAL ST.
BRISTOL, FL 32321

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 489
BRISTOL, FL 32321

New Mailing Address:

FEI Number: 59-3502843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARBONNEAU, EUGENE
12832 NW CENTRAL AVENUE
BRISTOL, FL 32321 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: P () Delete
Name: COPELAND, CARROLL
Address: P.O. BOX 612
City-St-Zip: BRISTOL, FL 32321

Title: VP () Delete
Name: DUBERT, MARVIN
Address: 21898 NE FOREST SERVICE RD. 103
City-St-Zip: HOSFORD, FL 32334

Title: S/TR () Delete
Name: BLACK, HUGH
Address: 23572 NE BLUE CREEK RD
City-St-Zip: HOSFORD, FL 32334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: EUGENE CHARBONNEAU

CEO

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date