

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012303

**FILED**  
**Mar 30, 2010**  
**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  
Name: DUBERT, MARVIN  
Address: 21898 NE FR 103  
City-St-Zip: HOSFORD, FL 32334

Title: VP  
Name: FORD, STEVEN  
Address: 11472 NW FORD FARM TRAIL  
City-St-Zip: BRISTOL, FL 32321

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

I hereby 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 all other like empowered.

SIGNATURE: EUGENE CHARBONNEAU

CEO

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date