FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ANNUAL REPORT Secreta DIVISION OF		ary of State CORPORATIONS		Secretary of State		
DOCUI 1. Corporatio	MENT # N3592	0 (0)					
LIBERT	TY COUNSEL, INC.				I IEDINK IED WA ENE KUIE KUIE KAN BAN BAN BAN	11 6161 1 61 6 11 61611 61	In III
Principal Plac	e of Business	Mailing Address				ii alaii alaii alaii a	
MMATHEW D. STAVER P O BOX 540774 ORLANDO FL 32854		%MATHEW D. STAVER P O BOX 540774 ORLANDO FL 32854			3. Date incorporated or Qualified 12/26/1989 4. FEI Number	Applie	
2. Principal P	Place of Business	2e. Mailing Address		<u></u>	59-2986294 5. Certificate of Status Desired □	\$8.75 Addit	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe	Be
City & Stat		City & State				No No	
Zip 24	Zip Country Zip 25 29 9. Name and Address of Current Registered Agent			lry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
	A. Mallie and Wathers of Chiler	ir Hedistaled Wastr		1 Name	10. Name and Address of New Negistered A	40eur	
STAVER, MATHEW D			ļ,	2 Street Ac	Idress (P.O. Box Number is Not Acceptable)		
1900 SUMMIT TOWER BLVD #540			Ľ				
STE 540			8	3			ł
ORLANDO 32810				4 City	FL	85 Zip Code	• 1
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statute	s, the abo	ve-named co	progration submits this statement for the purpose of	changing its reg	gistered
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the obligi	of Florida. Such change was a ations of, Section 617.0503, Flo	uthorized rida Statut	by the corpo es.	ration's board of directors. I hereby accept the appoint	ointment as regi	stered
SIGNATURE							
SIGNATURE.							
	Signature, typed or printed name of registered age OFFICERS AN	ent and title II applicable. (NOTE	: Registered /	ont signature re	quired when reinstating) DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN	ent and title II applicable. (NOTE				DIRECTORS IN	
12.	OFFICERS AN	ont and title if applicable. (NOTE D DIRECTORS	Registered /		quired when reinstating) DATE	DIRECTORS IN	12
12. TITLE	PD STAVER, MATHEW D. 116 HAMLIN T LANE	ont and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAM		quired when reinstating) DATE	DIRECTORS IN	12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL	ont and title II applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY	E Et address - St-Zip	quired when reinstating) DATE	DIRECTORS IN	12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD	ont and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL	E EET ADDRESS - ST-ZIP	quired when reinstating) DATE	DIRECTORS IN	12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY	Ont and title II applicable. (NOTE D DIRECTORS D DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 22 NAM	E ET ADDRESS - ST-ZIP E	quired when reinstating) DATE	DIRECTORS IN	12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD	Ont and title II applicable. (NOTE D DIRECTORS D DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE	E E E E E E E E E E E E E E E E E E E	quired when reinstating) DATE	DIRECTORS IN	12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD ORLANDO FL TD	Ont and title II applicable. (NOTE D DIRECTORS D DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE	E E E E E E E E E E E E E E E E E E E	quired when relinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change	12 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVC ORLANDO FL TO BUSH, PEGGY	Ont and title II applicable. (NOTE D DIRECTORS DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY	E E E E E E E E E E E E E E E E E E E	quired when relinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change	12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD ORLANDO FL TD BUSH, PEGGY 403 S. CUMBERLAND AVE.	Ont and title II applicable. (NOTE D DIRECTORS DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE	E E E E E E E E E E E E E E E E E E E	quired when relinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change	12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVC ORLANDO FL TO BUSH, PEGGY	ONT and title II applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 3.4 CITY 3.4 CITY	E E ET ADDRESS -ST-ZIP E E ET ADDRESS (-ST-ZIP E E ET ADDRESS -ST-ZIP	quired when relinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change Change Change	12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD ORLANDO FL TD BUSH, PEGGY 403 S. CUMBERLAND AVE.	Ont and title II applicable. (NOTE D DIRECTORS DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLI 4.1 TITLI 4.1 TITLI 4.1 TITLI	E E ET ADDRESS -ST-ZIP E E ET ADDRESS (-ST-ZIP E E ET ADDRESS -ST-ZIP	quired when relinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change Change Change	12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD ORLANDO FL TD BUSH, PEGGY 403 S. CUMBERLAND AVE.	ONT and title II applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM	E E ET ADDRESS -ST-ZIP E E ET ADDRESS (-ST-ZIP E E ET ADDRESS -ST-ZIP	quired when relinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change Change Change	12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD ORLANDO FL TD BUSH, PEGGY 403 S. CUMBERLAND AVE.	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 22 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRE	E E ET ADDRESS - ST-ZIP E E E ET ADDRESS (-ST-ZIP E E ET ADDRESS (-ST-ZIP E ET ADDRESS (-ST-ZIP E EI ADDRESS	quired when relinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change Change Change	12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD ORLANDO FL TD BUSH, PEGGY 403 S. CUMBERLAND AVE.	ONT and title II applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 22 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRE	E E E E E E E E E E E E E E E E E E E	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change Change Change Change	12 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD ORLANDO FL TD BUSH, PEGGY 403 S. CUMBERLAND AVE.	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 22 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	E E E E E E E E E E E E E E E E E E E	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change Change Change Change Change	12 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD ORLANDO FL TD BUSH, PEGGY 403 S. CUMBERLAND AVE.	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 22 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE	E E E ADDRESS -ST-ZIP E E E ET ADDRESS (-ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change Change Change Change Change	12 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD ORLANDO FL TD BUSH, PEGGY 403 S. CUMBERLAND AVE.	D DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 22 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change Change Change Change Change Change	12 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD ORLANDO FL TD BUSH, PEGGY 403 S. CUMBERLAND AVE.	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 22 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE	E E ET ADDRESS - ST-ZIP E E ET ADDRESS (-ST-ZIP E ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change Change Change Change Change Change Change	12 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD ORLANDO FL TD BUSH, PEGGY 403 S. CUMBERLAND AVE.	D DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	E E ET ADDRESS - ST-ZIP E E ET ADDRESS (-ST-ZIP E ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN Change Change Change Change Change Change	12 Addition Addition Addition

14. Thereby 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 annual report or supplemental annual 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 triple impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment in a faddings.

SIGNATURE:

1. (a)C||-

FILED

Mar 09 1998 8:00am