

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35920

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: LIBERTY COUNSEL, INC.

## Current Principal Place of Business:

%MATHEW D. STAVER  
210 E. PALMETTO AVE  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

%MATHEW D. STAVER  
210 E. PALMETTO AVE  
LONGWOOD, FL 32750 US

## New Mailing Address:

FEI Number: 59-2986294      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STAVER, MATHEW D  
210 EAST PALMETTO AVENUE  
LONGWOOD, FL 32750 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: PD ( ) Delete  
Name: STAVER, MATHEW D.,  
Address: 210 E. PALMETTO AVE.  
City-St-Zip: LONGWOOD, FL 32750

Title: SD ( ) Delete  
Name: MGGUIRE, CANDY  
Address: 409 BLUEJAY WAY  
City-St-Zip: ORLANDO, FL 32828

Title: TD ( ) Delete  
Name: CONNER, RODDY III  
Address: 2701 MAITLAND CTR PKWY #300  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: WEISS, CHRISTOPHER  
Address: 200 S. ORANGE AVE., #2600  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: ALLY, ART  
Address: 2805 SUMMER BROOKE WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: KNEEN, ROSS  
Address: 7120 13TH AVE. SOUTH  
City-St-Zip: RICHFIELD, MN 55423

## 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:

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 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 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: MATHEWS D. STAVER

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date