

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35920

FILED
Mar 17, 2010
Secretary of State

Entity Name: LIBERTY COUNSEL, INC.

Current Principal Place of Business:

%MATHEW D. STAVER
1055 MAITLAND CENTER COMMONS
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

%MATHEW D. STAVER
PO BOX 540774
ORLANDO, FL 32854 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, ANITA L.
1055 MAITLAND CENTER COMMONS
SECOND FLOOR
MAITLAND, FL 32751 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
Name: STAVER, ANITA L.
Address: 1055 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751

Title: SD
Name: MCGUIRE, CANDY
Address: 1055 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: STANLEY, JAMES
Address: 1055 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: ALLY, ART
Address: 1055 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: STAVER, MATHEW D
Address: 1055 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: MILLER, ROBERT D
Address: 1055 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751

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: ANITA L. STAVER

PD

03/17/2010

Electronic Signature of Signing Officer or Director

_____ Date