

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739351

**Entity Name:** LIBERTY COUNTY SENIOR CITIZENS ASSOCIATION, INC.

**Current Principal Place of Business:**

15629 NW CR 12  
BRISTOL, FL 32321

**FILED**  
**Feb 22, 2018**  
**Secretary of State**  
**CC7211531010**

**Current Mailing Address:**

PO BOX 730  
BRISTOL, FL 32321

**FEI Number: 59-1769552**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SUMNER, RUDY  
HWY 65 S BOX 72  
TELOGIA, FL 32360 US

*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

**Officer/Director Detail :**

Title           VP  
Name           FLETCHER, CURTIS  
Address        17163 NE CNTY RD 67A  
City-State-Zip: HOSFORD FL 32334

Title           P  
Name           SUMNER, RUDY  
Address        HWY 65 S PO BOX 72  
City-State-Zip: TELOGIA FL 32360

Title           D  
Name           SHIVER, PEGGY  
Address        2637 NW SR 270  
City-State-Zip: BRISTOL FL 32321

Title           DIRECTOR  
Name           PHILLIPS, BRETT  
Address        6840 NW TORREYA PARK ROAD  
City-State-Zip: BRISTOL FL 32321

Title           DIRECTOR  
Name           JOHNSON, DARRYLL  
Address        POST OFFICE BOX 67  
City-State-Zip: BRISTOL FL 32321

Title           SECRETARY  
Name           SHULER, LISA  
Address        10979 NW SPRING STREET  
City-State-Zip: BRISTOL FL 32321

*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: RUDY SUMNER**

**PRESIDENT BOARD OF     02/22/2018**  
**DIRECTORS**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date