

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012303

**Entity Name:** LIBERTY COMMUNITY HEALTH CARE, INC.

**Current Principal Place of Business:**

17316 NE SR 65  
HOSFORD, FL 32334

**Current Mailing Address:**

P.O. BOX 175  
HOSFORD, FL 32334 US

**FEI Number: 38-3889502**

**Certificate of Status Desired: Yes**

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

HOWLAND, PEGGY DEASON  
20277 NE HENTZ AVE  
BLOUNTSTOWN, FL 32424 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: PEGGY DEASON HOWLAND**

**04/07/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name CLARK, MICHAEL  
Address P.O. BOX 175  
City-State-Zip: HOSFORD FL 32334

Title CO-CHAIR  
Name MEEKS, HEBER  
Address P.O. BOX 175  
City-State-Zip: HOSFORD FL 32334

Title TREASURER  
Name MONEY, WALTER  
Address P.O. BOX 175  
City-State-Zip: HOSFORD FL 32334

Title SECRETARY  
Name FORD, STEPHEN  
Address 17316 NE SR 65  
City-State-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: MICHAEL CLARK**

**CHAIRMAN**

**04/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date