

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000010142

Entity Name: LIBERTY COUNTY ANGLERS, INC**Current Principal Place of Business:**22404 NE SR 20
HOSFORD, FL 32334**Current Mailing Address:**22404 NE SR 20
HOSFORD, FL 32334 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POTTER, MELISSA
2188 NE CHESTER ST
HOSFORD, FL 32334 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	P
Name	ROBERTS, JARED
Address	22404 NE SR 20
City-State-Zip:	HOSFORD FL 32334

Title	VP
Name	FAIRCLOTH, RYAN
Address	12600 NW FREEMAN RD
City-State-Zip:	BRISTOL FL 32321

Title	DIR
Name	BURNS, BRUCE
Address	13596 JOE CHASON CIR
City-State-Zip:	BRISTOL FL 32321

Title	T
Name	ROBERTS, STEPHANIE
Address	22404 NE SR 20
City-State-Zip:	HOSFORD FL 32334

Title	S
Name	FAIRCLOTH, APRIL
Address	12600 NW FREEMAN RD
City-State-Zip:	BRISTOL FL 32321

Title	COS
Name	BURNS, DANA
Address	13596 JOE CHASON CIR
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: JARED ROBERTS**PRESIDENT****01/11/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date