

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000013579

Entity Name: RECOVERY LIBERIA, INC.**Current Principal Place of Business:**1019 BONITA DRIVE
PENSACOLA, FL 32507**Current Mailing Address:**1019 BONITA DRIVE
PENSACOLA, FL 32507 US**FEI Number:** 87-4082127**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITE, JAMES R DR
1019 BONITA DRIVE
PENSACOLA, FL 32507 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 PCEO
Name WHITE, JAMES R
Address 1019 BONITA DRIVE
City-State-Zip: PENSACOLA FL 32507

Title VPPR
Name WAGNER, JOSEPH
Address 8326 N. 700 W
City-State-Zip: THORNTOWN IN 46071

Title DS
Name WELLS, LESTER
Address 12 DEL CERRO CAMINO
City-State-Zip: CRESTVIEW FL 32539

Title D
Name JUSTICE, KATHERINE
Address 5132 CHOCTAW AVE
City-State-Zip: PENSACOLA FL 32507

Title D
Name WHITE, CAROLYN S
Address 1019 BONITA DRIVE
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name ANNE GIRTON KUMECH
Address 105 W. BEECH ST,
City-State-Zip: AMBIA IN 47917

Title D
Name PERSHING, ELEANOR
Address 10 CARLYLE DR.
City-State-Zip: FRANKFORT IN 46041

Title TREASURER, DIRECTOR
Name TERRI KHAN
Address 80 S KNIGHTSBRIDGE COURT
City-State-Zip: SANTA ROSA BEACH FL 32459

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: LESTER WELLS**SECRETARY, DIRECTOR 04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date