

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003430

**Entity Name:** LIBERTY COUNTY CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**11493 NW SUMMERS ROAD  
BRISTOL, FL 32321**Current Mailing Address:**P. O. BOX 523  
BRISTOL, FL 32321 US**FEI Number:** 59-2365517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUNSFORD-SMITH, BETTY J  
19089 NW C.R. 379  
BRISTOL, FL 32321 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            PRESIDENT  
Name            MANSPEAKER, RACHEL  
Address        17282 NW COUNTY RD 12  
City-State-Zip: BRISTOL FL 32321

Title            DIRECTOR  
Name            WRIGHT, MICHAEL  
Address        14712 NW SR 20  
City-State-Zip: BRISTOL FL 32321

Title            VP  
Name            WILLIS, MITCH  
Address        10898 NW SR 20  
City-State-Zip: BRISTOL FL 32321

Title            SECRETARY/TREASURER  
Name            LUNSFORD-SMITH, BETTY J  
Address        19089 NW C.R. 379, PO BOX 721  
City-State-Zip: BRISTOL FL 32321

Title            DIRECTOR  
Name            EUBANKS, JOHNNY  
Address        P.O. BOX 536  
City-State-Zip: BRISTOL FL 32321

Title            DIRECTOR  
Name            PLUMMER, MARK S  
Address        16059 NW LAKESIDE RD., LAKE MYSTIC  
City-State-Zip: BRISTOL FL 32321

Title            DIRECTOR  
Name            REVELL, GORDON P  
Address        10762 NW ROBYN STREET  
City-State-Zip: BRISTON FL 32321

Title            DIRECTOR  
Name            BONTRAGER, LABAN  
Address        12799 PEA RIDGE RD  
City-State-Zip: BRISTOL FL 32321

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*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:** BETTY J. LUNSFORD-SMITH**SEC/TREASURER****04/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SHULER, JOE S  
Address 17926 NE CR 67A  
City-State-Zip: HOSFORD FL 32334

Title DIRECTOR  
Name DEASON, TERRY  
Address 4377 NW TORREYA PARK RD  
City-State-Zip: BRISTOL FL 32321

Title DIRECTOR  
Name READ, DONNIE  
Address 11939 NW SR 20  
City-State-Zip: BRISTOL FL 32321  
  
Title DIRECTOR  
Name BLACK, HUGH  
Address 23572 NE BLUE CREEK RD  
City-State-Zip: HOSFORD FL 32334