FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739351 (5)

1. Corporation Name
LIBERTY COUNTY SENIOR CITIZENS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
HWY 12 SO. PO BOX 730 BRISTOL FL 32321	HWY 12 SO. PO BOX 730 BRISTOL FL 32321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1977
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-1769552 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCLELLAN CHARLES
HWY. 20
1313 HOECAKE ST.
BRISTOL FL 32321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCELLAN CHARLES	1.2 NAME	
STREET ADDRESS	P. O. BOX 1119 HWY. 20 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	FAIRCHILD JOHN E.	2.2 NAME	SEVERANCE, DARLENE
STREET ADDRESS	P.O. BOX 568 HWY 20 N/A	2.3 STREET ADDRESS	P.O. BOX 697 HWY 20
CITY-ST-ZIP	BRISTOL FL	2.4 CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	ST	3.1 TITLE	ST ☒ Change ☐ Addition
NAME	ARNOLD, SYBIL	3.2 NAME	REED, MARY
STREET ADDRESS	P O BOX 61 N/A	3.3 STREET ADDRESS	P.O. BOX 763 HWY 20
CITY-ST-ZIP	TELOGIA FL	3.4 CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	VD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	REVELL TIM	4.2 NAME	SUMNER, HAL
STREET ADDRESS	RT.1 BOX 116	4.3 STREET ADDRESS	P.O. BOX 68 HWY 20
CITY-ST-ZIP	BRISTOL FL	4.4 CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	HAYWOOD, ED	5.2 NAME	SUMNER, EARNIE
STREET ADDRESS	STATE HWY 12 SOUTH	5.3 STREET ADDRESS	RT. 1, BOX 68 BLUE CREEK RD.
CITY-ST-ZIP	BRISTOL FL	5.4 CITY-ST-ZIP	HOSFORD, FL 32334
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles C McClellan V. President — 2/20/95 — 904-643-5690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

002P010