


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 739351

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



Principal Place of Business
**15629 NW CR 12
 BRISTOL, FL 32321**

Mailing Address
**HWY 12 SO, PO BOX 730
 BRISTOL, FL 32321**

DO NOT WRITE IN THIS SPACE



03172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1769552 Applied
 Not App

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SUMNER, RUDY
 HWY 65 S PO BOX 72
 TELOGIA, FL 32360**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and the obligations of registered agent.

SIGNATURE *Rudy Sumner* **AK R S 0602**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HALL, JO ELLEN
STREET ADDRESS	RT 1 BOX 117A
CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	VPD
NAME	BROWN, LARRY
STREET ADDRESS	RT 1 BOX 10-X
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	P
NAME	SUMNER, RUDY
STREET ADDRESS	HWY 65 S PO BOX 72
CITY-ST-ZIP	TELOGIA, FL 32360
TITLE	D
NAME	CLIFORD, MALONE
STREET ADDRESS	TODD RD.
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	D
NAME	SHIVER, PEGGY
STREET ADDRESS	RT 2 BOX 109
CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	D
NAME	BARBER, GERALD
STREET ADDRESS	RT 1, BOX 123-B
CITY-ST-ZIP	BRISTOL, FL 32321

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or 8, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rudy Sumner* **Rudy Sumner** 4-3-06 951443-A