

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760571

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: LIBERTY FIRE DISTRICT, INC.

**Current Principal Place of Business:**

3910 KING LAKE ROAD  
DEFUNIAK SPRINGS, FL 32433 US

**New Principal Place of Business:**

**Current Mailing Address:**

3910 KING LAKE ROAD  
DEFUNIAK SPRINGS, FL 32433 US

**New Mailing Address:**

FEI Number: 59-2403781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIVENS, PHILLIP A  
3910 KING LAKE ROAD  
DEFUNIAK SPRINGS, FL 32433 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GIVENS, PHILLIP A  
Address: 3910 KING LAKE ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: VP ( ) Delete  
Name: HAGAN, JAMES  
Address: 7645 U.S HWY 331 NORTH  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T ( ) Delete  
Name: BOTTOMS, PATRICIA A  
Address: 7529 N.. HWY. 331  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: S ( ) Delete  
Name: GRALEY, NANCY  
Address: 71 HOWARD JONES ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MBR ( ) Delete  
Name: ROGER, ROY  
Address: 366 PARADISE ISLAND DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/S (X) Change ( ) Addition  
Name: HAGAN, JAMES  
Address: 7645 U.S HWY 331 NORTH  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T (X) Change ( ) Addition  
Name: BOTTOMS, JOHN  
Address: 7529 N.. HWY. 331  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MBR (X) Change ( ) Addition  
Name: GRALEY, MIKE  
Address: 71 HOWARD JONES ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES HAGAN

VP/S

01/22/2009

Electronic Signature of Signing Officer or Director

Date