

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90008 026 ****70.00

DOCUMENT # N01000008872 1. Entity Name LIBERTY COUNTY MINISTERIAL ASSOCIATION, INC.					
Principal Place of Business 10922 NW SR 20 BRISTOL, FL 32321			Mailing Address P.O. BOX 1018 BRISTOL, FL 32321		
2. Principal Place of Business - No P.O. Box # 10677 NW Michaux Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Bristol, FL		City & State		4. FEI Number 59-3761029	
Zip 32321		Country Liberty		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALSH, VICTOR A 10922 NW SR 20 BRISTOL, FL 32321				7. Name and Address of New Registered Agent Name Walsh, Victor A. Street Address (P.O. Box Number is Not Acceptable) 10677 NW Michaux Rd City Bristol FL Zip Code 32321	
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 accept the obligations of registered agent. SIGNATURE <u><i>Victor A. Walsh</i></u> 4/2/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, VICTOR A 10922 NW SR 20 BRISTOL, FL 32321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, Victor A 10677 NW Michaux Rd Bristol, FL 32321
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, ROSETTA P.O. BOX 185 BRISTOL, FL 32321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRADER, JACK 12615 NW SR 20 BRISTOL, FL 32321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, COY P.O. BOX 476 BRISTOL, FL 32321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Collins, Coy 12413 NW Salmon St Bristol, FL 32321
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OWENBY, JASON P.O. BOX 486 BRISTOL, FL 32321	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Jackson P.O. Box 219 Bristol, FL 32321
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Victor A. Walsh</i></u> Victor A. Walsh 4/2/07 (850) 643-5400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					