

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90026 027 \*\*\*\*70.00

**DOCUMENT # N01000008872**

1. Entity Name  
**LIBERTY COUNTY MINISTERIAL ASSOCIATION, INC.**



Principal Place of Business  
**10677 NW MICHAUX RD  
BRISTOL, FL 32321**

Mailing Address  
**P.O. BOX 1018  
BRISTOL, FL 32321**

2. Principal Place of Business - No P.O. Box #  
**12413 NW Solomon St**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Bristol, FL**

City & State

Zip  
**32321**

Country  
**USA**

Zip

Country

05062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3761029**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**WALSH, VICTOR  
10677 NW MICHAUX RD  
BRISTOL, FL 32321**

## 7. Name and Address of New Registered Agent

Name **Collins, Coy**

Street Address (P.O. Box Number is Not Acceptable)

**12413 NW Solomon St**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**05/07/08**

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WALSH, VICTOR A ☐ Delete  
STREET ADDRESS 10677 NW MICHAUX RD  
CITY-ST-ZIP BRISTOL, FL 32321

TITLE D  
NAME BAKER, ROSETTA ☐ Delete  
STREET ADDRESS P.O. BOX 185  
CITY-ST-ZIP BRISTOL, FL 32321

TITLE TD  
NAME STRADER, JACK ☐ Delete  
STREET ADDRESS 12615 NW SR 20  
CITY-ST-ZIP BRISTOL, FL 32321

TITLE VD  
NAME COLLINS, COY ☐ Delete  
STREET ADDRESS 12413 NW SOLOMON ST  
CITY-ST-ZIP BRISTOL, FL 32321

TITLE D  
NAME JACKSON, JOHN ☐ Delete  
STREET ADDRESS PO BOX 219  
CITY-ST-ZIP BRISTOL, FL 32321

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Change ☐ Addition  
NAME Walsh, Victor A  
STREET ADDRESS 10677 NW Michaux Rd  
CITY-ST-ZIP Bristol, FL 32321

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME Strader, Jack  
STREET ADDRESS 12615 NW SR 20  
CITY-ST-ZIP Bristol, FL 32321

TITLE PD ☒ Change ☐ Addition  
NAME Collins, Coy  
STREET ADDRESS 12413 NW Solomon St  
CITY-ST-ZIP Bristol, FL 32321

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME White, Dan  
STREET ADDRESS 11050 NW SR 20  
CITY-ST-ZIP Bristol, FL 32321

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/07/08**

DATE

**150-643-5733**

DAYTIME PHONE #