

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008872

FILED
Jan 25, 2010
Secretary of State

Entity Name: LIBERTY COUNTY MINISTERIAL ASSOCIATION, INC.

Current Principal Place of Business:

12413 NW SOLOMON ST.
BRISTOL, FL 32321

New Principal Place of Business:

15816 NE MOORE STREET
HOSFORD, FL 32334

Current Mailing Address:

P.O. BOX 1018
BRISTOL, FL 32321

New Mailing Address:

FEI Number: 59-3761029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, COY REV
12413 NW SOLOMON ST.
BRISTOL, FL 32321 US

Name and Address of New Registered Agent:

MURRAY, MICHAEL REV
15819 NE MOORE STREET
HOSFORD, FL 32334 US

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: MICHAEL MURRAY

01/25/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: GARDNER, JEFF REV
Address: 15292 NW SR 12
City-St-Zip: BRISTOL, FL 32321

Title: D
Name: BAKER, ROSETTA REV
Address: P.O. BOX 185
City-St-Zip: BRISTOL, FL 32321

Title: D
Name: COLLINS, COY REV
Address: 12413 NW SOLOMON STREET
City-St-Zip: BRISTOL, FL 32321

Title: PD
Name: MURRAY, MICHAEL REV
Address: 15819 NE MOORE STREET
City-St-Zip: HOSFORD, FL 32334

Title: VD
Name: JACKSON, JOHN REV
Address: PO BOX 219
City-St-Zip: BRISTOL, FL 32321

Title: D
Name: WALSH, VICTOR REV
Address: 10677 NW MICHAUX ROAD
City-St-Zip: BRISTOL, FL 32321

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MURRAY

PD

01/25/2010

Electronic Signature of Signing Officer or Director

Date