


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000007335 1. Entity Name THE LIBERTY FOUNDATION, INC.	
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Principal Place of Business 231 NORTH HOAGLAND BOULEVARD KISSIMMEE, FL 34741-4531	Mailing Address PO BOX 2770 DOUGLAS, GA 31534
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01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0508923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BROOKS, ELTON D JR 402 S PETERSON AVE DOUGLAS, GA 31533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HAND, JOSEPH H 264 FLETCHER ROAD DOUGLAS, GA 31535
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PORTER, ROBERT L JR 319 E. ASHLEY STREET DOUGLAS, GA 31533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/23/06-80008-021 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Elton D Brooks Jr.* 01-12-2006 912-384-7818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #