

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000993

FILED  
Sep 01, 2004  
Secretary of State

**Entity Name:** LIBERTY CITY SOCIAL SERVICES INCORPORATED

**Current Principal Place of Business:**

1140 N.W. 46TH STREET  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

1140 N.W. 46TH STREET  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:** 16-1655080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HORNE, DONNIE  
1140 N.W. 46TH STREET  
MIAMI, FL 33127

**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: HORNE, DONNIE  
Address: 1140 N.W. 46TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: S ( ) Delete  
Name: COOPER, DEBORAH  
Address: 1630 N.W. 128TH DRIVE  
City-St-Zip: SUNRISE, FL 33323

Title: T ( ) Delete  
Name: FORD, TAWUANA  
Address: 1630 N.W. 128TH DRIVE  
City-St-Zip: SUNRISE, FL 33323

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

Title: P (X) Change ( ) Addition  
Name: HORNE, DONNIE  
Address: 1140 N.W. 46TH STREET  
City-St-Zip: MIAMI, FL 33127

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONNIE HORNE

P

09/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date