

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000009930**

1. Entity Name  
**THE LIBERIAN COMMUNITIES OF FLORIDA, INC.**



Principal Place of Business  
**526 TUSCANNY PARK LOOP  
BRANDON, FL 33511**

Mailing Address  
**526 TUSCANNY PARK LOOP  
BRANDON, FL 33511**



09062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0589782**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEKAJPO, LAWRENCE D  
526 TUSCANNY PARK LOOP  
BRANDON, FL 33511**

**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

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

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

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	JACKSON, JEJE
STREET ADDRESS	6280 MORSE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	FS
NAME	JENKINS, HAWA P
STREET ADDRESS	10411 BROOKWOOD BLUFF RD N
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	P-L
NAME	MASSARUOI, PATRICK
STREET ADDRESS	2211 SW 43RD WAY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317
TITLE	P-TB
NAME	FLANN, BENEDICT
STREET ADDRESS	7404 DEL BONITA CT #83
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000377984  
09/08/05-80005-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

9-1-05 8139893100