

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 MAR 14 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/02/06 90030 027 61.25



02232006 Chg-NP CR2E037 (11/05)

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 05-0589782			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  SEKAJPO, LAWRENCE D 526 TUSCANNY PARK LOOP BRANDON, FL 33511			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, JEJE		NAME	BENEDICT FLANN	
STREET ADDRESS	6280 MORSE DRIVE		STREET ADDRESS	1402 AVON WOOD CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	LUTZ, FL 33559	
TITLE	FS	<input checked="" type="checkbox"/> Delete	TITLE	VICE CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, HAWA P		NAME	VICTOR BARNES	
STREET ADDRESS	10411 BROOKWOOD BLUFF RD N		STREET ADDRESS	7557 ARLINGTON EXPY #H123	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	P-L	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSARUOI, PATRICK		NAME	AMY WILLIAMS	
STREET ADDRESS	2211 SW 43RD WAY		STREET ADDRESS	6603 CONSTANCE ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	P-TB	<input checked="" type="checkbox"/> Delete	TITLE	FINANCIAL SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLANN, BENEDICT		NAME	FLORENCE BESTMAN	
STREET ADDRESS	7404 DEL BONITA CT #83		STREET ADDRESS	2831 CARLEON RD	
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CHRIS TALIEGA	
STREET ADDRESS			STREET ADDRESS	7308 NW 57 DR	
CITY-ST-ZIP			CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete	TITLE	CHAPLAIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GENEVIE DANIELS	
STREET ADDRESS			STREET ADDRESS	6111 WASHINGTON ST. # 234	
CITY-ST-ZIP			CITY-ST-ZIP	HALLOWOOD, FL 33023	
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: _____			Date: 3/8/06 813-928-014		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Benedict Flann			Daytime Phone #		



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2006

THE LIBERIAN COMMUNITIES OF FLORIDA, INC.  
526 TUSCANNY PARK LOOP  
BRANDON, FL 33511

Subject: **THE LIBERIAN COMMUNITIES OF FLORIDA, INC.**

Reference Number: **N03000009930**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION