

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90029 019 ****61.25

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03032007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0589782	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEKAJPO, LAWRENCE D 526 TUSCANNY PARK LOOP BRANDON, FL 33511				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CH	<input checked="" type="checkbox"/> Delete	TITLE	CH	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAHN, BENEDICT		NAME	BARNEY, VICTOR	
STREET ADDRESS	1402 AVON WOOD CT		STREET ADDRESS	7557 ARLINGTON EXPY, #H103	
CITY-ST-ZIP	LUTZ, FL 33559		CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	VCH	<input checked="" type="checkbox"/> Delete	TITLE	VCH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNEY, VICTOR		NAME	VICTORIA SWANN	
STREET ADDRESS	7557 ARLINGTON EXPY, #H103		STREET ADDRESS	2621 Forest Run Ct	
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP	Clear Water, FL 33761	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, AMY		NAME	WILLIAMS, AMY	
STREET ADDRESS	6603 CONSTANCE ST		STREET ADDRESS	6603 CONSTANCE ST.	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	FS	<input type="checkbox"/> Delete	TITLE	FS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESTMAN, FLORENCE		NAME	BESTMAN, FLORENCE	
STREET ADDRESS	2831 CARLEON RD		STREET ADDRESS	2831 CARLEON RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JALIEBA, CHRIS		NAME	CHRIS JALIEBA	
STREET ADDRESS	7308 NW 57 DR		STREET ADDRESS	7308 N.W. 57 DR.	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	C	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, GENEVIE		NAME	DANIELS, GENIEVE	
STREET ADDRESS	6111 WASHINGTON ST, # 234		STREET ADDRESS	6111 WASHINGTON ST. #234	
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP	HOLLYWOOD, 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: <i>Amy Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/14/07 561-684-7534 <small>Date Daytime Phone #</small>		

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ATTACHMENT

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Zip		Country		Zip	
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Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH FLAHN, BENEDICT 1402 AVON WOOD CT LUTZ, FL 33559	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCH BARNEY, VICTOR 7557 ARLINGTON EXPY, #H103 JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, AMY 6603 CONSTANCE ST LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS BESTMAN, FLORENCE 2831 CARLEON RD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JALIEBA, CHRIS 7308 NW 57 DR TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DANIELS, GENEVIE 6111 WASHINGTON ST, # 234 HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH BARNEY, VICTOR 7557 ARLINGTON EXPY, #H103 JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCH VICTORIA SWANN 2621 Forest Run Ct Clear Water, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, AMY 6603 CONSTANCE ST. LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS BESTMAN, FLORENCE 2831 CARLEON RD. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JALIEBA, CHRIS 7308 NW 57 DR. TAMARAC, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DANIELS, GENEVIE 6111 WASHINGTON ST. #234 HOLLYWOOD, FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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SIGNATURE: <i>Amy Williams</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
03/14/07 501-684-7534					