

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004936

FILED
Jan 09, 2007
Secretary of State

Entity Name: LIBERTY MANOR FOR VETERANS, INC.

Current Principal Place of Business:

10015 N. 9TH ST.
TAMPA, FL 33612

New Principal Place of Business:

10015 N. 9TH STREET
TAMPA, FL 33612

Current Mailing Address:

10015 N. 9TH ST.
TAMPA, FL 33612

New Mailing Address:

10015 N. 9TH STREET
TAMPA, FL 33612

FEI Number: 02-0775720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANEY, CONNIE G
14101 STONEGATE DR.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

BLANEY, CONNIE G
10015 N. 9TH STREET
TAMPA, FL 33612-582 US

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:

01/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLANEY, CONNIE G
Address: 14101 STONEGATE DR.
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: BLANEY, W. RYAN
Address: 12100 N. DALE MABRY HWY., SUITE 607
City-St-Zip: TAMPA, FL 33613

Title: S () Delete
Name: HENDERSON, LINDSEY
Address: 4217 WICKS BRANCH RD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: HENDERSON, WILLIAM
Address: 203 GRANADA NORTH
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLANEY, CONNIE G
Address: 10015 N. 9TH STREET
City-St-Zip: TAMPA, FL 33612-582

Title: VD (X) Change () Addition
Name: BLANEY, W. RYAN
Address: 10015 N. 9TH STREET
City-St-Zip: TAMPA, FL 33612

Title: S (X) Change () Addition
Name: HENDERSON, LINDSEY
Address: 10015 N. 9TH STREET
City-St-Zip: TAMPA, FL 33612

Title: D (X) Change () Addition
Name: HENDERSON, WILLIAM
Address: 10015 N. 9TH STREET
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CONNIE BLANEY

PD

01/09/2007

Electronic Signature of Signing Officer or Director

Date