

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009460

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** LIBERTY COUNTY HEALTH CARE COUNCIL, INC.

**Current Principal Place of Business:**

15159 NW STATE RD 20  
BRISTOL, FL 32321

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 399  
BRISTOL, FL 32321

**New Mailing Address:**

**FEI Number:** 41-2215335      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CLARK, MICHAEL  
21268 JUDGE PAGE RD  
HOSFORD, FL 32334 US

**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: C ( ) Delete  
Name: COPELAND, CYNTHIA  
Address: 17757 NW CR 12  
City-St-Zip: BRISTOL, FL 32321

Title: VC ( ) Delete  
Name: CLARK, MICHAEL  
Address: PO BOX 271  
City-St-Zip: HOSFORD, FL 32334

Title: S ( ) Delete  
Name: ROTH, SUE C  
Address: 19599 NE GODWIN LANE  
City-St-Zip: HOSFORD, FL 32334

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

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

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 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: CYNTHIA COPELAND

C

05/01/2008

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

\_\_\_\_\_  
Date