2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N07000006925

Entity Name: LIBERTY COUNTY YOUTH SERVICES INCORPORATED

Current Principal Place of Business:

11472 NW FORD FARM TRAIL
BRISTOL, FL 32321

New Principal Place of Business:

Current Mailing Address:

11472 NW FORD FARM TRAIL
BRISTOL, FL 32321

New Mailing Address:

FEI Number: 26-0327708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, VANESA
11472 NW FORD FARM TRAIL
BRISTOL, FL 32321 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:	PD	( ) Delete
Name:	FORD, VANESA	
Address:	11472 NW FORD FARM	
City-St-Zip:	BRISTOL, FL 32321	
Title:	D	( ) Delete
Name:	FORD, STEPHEN	
Address:	11472 NW FORD FARM	
City-St-Zip:	BRISTOL, FL 32321	
Title:	VPD	( ) Delete
Name:	SUMMERS, VANELL	
Address:	20597 NW CR. 12	
City-St-Zip:	BRISTOL, FL 32321	
Title:	D	( ) Delete
Name:	ROBERTS, STEPHENIE	
Address:	22273 NW CR 333	
City-St-Zip:	BRISTOL, FL 32321	
Title:	D	( ) Delete
Name:	PHILLIPS, KATHRYN	
Address:	20097 GLENN KEVER RD	
City-St-Zip:	TELOGIA, FL	
Title:	ST	( ) Delete
Name:	PHILLIPS, KATIE	
Address:	11472 NW FORD FARM TRAIL	
City-St-Zip:	BRISTOL, FL 32321	

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:	
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: VANESA B. FORD MS. 01/06/2009
Electronic Signature of Signing Officer or Director — Date