

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35920

FILED
Apr 25, 2005
Secretary of State

Entity Name: LIBERTY COUNSEL, INC.

Current Principal Place of Business:

%MATHEW D. STAVER
210 E. PALMETTO AVE
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

%MATHEW D. STAVER
210 E. PALMETTO AVE
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-2986294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STAVER, MATHEW D
210 EAST PALMETTO AVENUE
LONGWOOD, FL 32750 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: STAVER, MATHEW D.,
Address: 210 E. PALMETTO AVE.
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: MGGUIRE, CANDY
Address: 409 BLUEJAY WAY
City-St-Zip: ORLANDO, FL 32828

Title: TD () Delete
Name: CONNER, RODDY III
Address: 2701 MAITLAND CTR PKWY #300
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: WEISS, CHRISTOPHER
Address: 200 S. ORANGE AVE., #2600
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: ALLY, ART
Address: 2805 SUMMER BROOKE WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: KNEEN, ROSS
Address: 7120 13TH AVE. SOUTH
City-St-Zip: RICHFIELD, MN 55423

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
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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 for the exemption stated in Section 119.07(3)(i), 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: MATHEWS D. STAVER

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date