2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# N35920

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:

%MATHEW D. STAVER
1055 MAITLAND CENTER COMMONS
MAITLAND, FL 32751 US

Current Mailing Address:

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

New Mailing Address:

%MATHEW D. STAVER
PO BOX 540774
ORLANDO, FL 32854 US

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:

STAVER, MATHEW D.
1055 MAITLAND CENTER COMMONS
SECOND FLOOR
MAITLAND, FL 32751 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: MATHEW D STAVER 03/28/2006
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: PD (X) Change ( ) Addition
Name: STAVER, MATHEW D.,
Address: 1055 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751

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 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: MATHEW D STAVER PD 03/28/2006
Electronic Signature of Signing Officer or Director Date