

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35920

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: LIBERTY COUNSEL, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

%MATHEW D. STAVER  
PO BOX 540774  
ORLANDO, FL 32854 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, ANITA L.  
1055 MAITLAND CENTER COMMONS  
SECOND FLOOR  
MAITLAND, FL 32751 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, ANITA L.,  
Address: 1055 MAITLAND CENTER COMMONS  
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete  
Name: MGGUIRE, CANDY  
Address: 1055 MAITLAND CENTER COMMONS  
City-St-Zip: MAITLAND, FL 32751

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: 1055 MAITLAND CENTER COMMONS  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: STAVER, MATHEW D  
Address: 1055 MAITLAND CENTER COMMONS  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition  
Name: CONNER, RODDY III  
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:

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: ANITA STAVER

PD

03/20/2008

Electronic Signature of Signing Officer or Director

Date