FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45187 (4)

1. Corporation Name

LIBERTY SINGERS, INC.

Principal Place of Business	Mailing Address
% THE WELLNESS & FITNESS CENTER 733 OLYMPIA AVE. PUNTA GORDA FL 33950	LANG, WRETHA 38492 WASHINGTON LOOP ROAD PUNTA GORDA FL 33982 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0362932 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 1601 W. Marion Avenue	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22 Suite 106	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
23 Punta Gorda, Fla.	28		
Zip / County	Zip / County	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 33950 / 25 Charlotte	29 / 30		

9. Name and Address of Current Registered Agent

LANG, WRETHA
38492 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	LANG, WRETHA	1.2 NAME		
STREET ADDRESS	38492 WASHINGTON LOOP ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP		
TITLE	~~DV~~	2.1 TITLE	D TREASURER	☒ Change ☐ Addition
NAME	HORN, MYRTLE	2.2 NAME		
STREET ADDRESS	2764 CABARET STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	GOFF, DONNA	3.2 NAME		
STREET ADDRESS	POST OFFICE BOX 1235	3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP		
TITLE	~~DT~~	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	HAZELDINE, MICHAEL D.	4.2 NAME		
STREET ADDRESS	20456 VANGUARD TER.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~REAGLE, EDITH~~	5.2 NAME	Mrs. Jeanette Teza	
STREET ADDRESS	~~1220 SANDY STREET~~	5.3 STREET ADDRESS	1181 Dewhurst Street	
CITY-ST-ZIP	~~PORT CHARLOTTE FL~~	5.4 CITY-ST-ZIP	Port Charlotte, Florida 33952	
TITLE	~~D~~	6.1 TITLE	D Vice President	☒ Change ☐ Addition
NAME	BRADBURN, JAMES	6.2 NAME		
STREET ADDRESS	1355 NAVIGATOR ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Myrt Horn 4-15-95 (813) 764-7640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Myrt Horn, Treasurer

0061912