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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N45187

(4)

1. Corporation Name

LIBERTY SINGERS, INC.



Principal Place of Business

1801 W. MARION AVENUE  
SUITE 106  
PUNTA GORDA FL 33950  
US

Mailing Address

LANG, WRETHA  
38492 WASHINGTON LOOP ROAD  
PUNTA GORDA FL 33982  
US

3. Date Incorporated or Qualified  
09/18/1991

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANG, WRETHA  
38492 WASHINGTON LOOP ROAD  
PUNTA GORDA FL 33982

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME LANG, WRETHA  
STREET ADDRESS 38492 WASHINGTON LOOP ROAD  
CITY-ST-ZIP PUNTA GORDA FL

TITLE DT ☐ DELETE

NAME HORN, MYRTLE  
STREET ADDRESS 2764 CABARET STREET  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DS ☐ DELETE

NAME GOFF, DONNA  
STREET ADDRESS POST OFFICE BOX 1235  
CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☐ DELETE

NAME HAZELDINE, MICHAEL D.  
STREET ADDRESS 20456 VANGUARD TER.  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ DELETE

NAME TEZA, JEANETTE M  
STREET ADDRESS 1181 DEWHURST STREET  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DVP ☐ DELETE

NAME BRADBURN, JAMES  
STREET ADDRESS 1355 NAVIGATOR ROAD  
CITY-ST-ZIP PORT CHARLOTTE FL

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D  
1.3 STREET ADDRESS Margaret. Mael  
1.4 CITY-ST-ZIP 23094 Worth Avenue  
Port Charlotte, Florida 33952

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

*Wretha Lang*

Wretha Lang

(941) 6394449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)