FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

→ Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N451

(4)

Mailing Address

LIBERTY SINGERS, INC.

Principal Place of Business

		FILE	D
Jul	80	1998	8:00am
S	ecr	etary	of State

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1801 W. MARION AVENUE SUITE 106 PUNTA GORDA FL 33950 US		38492 W PUNTA (LANG. WRETHA 38492 WASHINGTON LOOP ROAD PUNTA GORDA FL 33982					3. Date Incorporated or Qualified 09/18/1991 4. FEI Number Applied For					
		US	US					65-0362932	\vdash	Applied For Not Applicable			
			2a. Maili 26	2s. Mailing Address					5. Certificate of Status Desired S8.75 Additional Fee Regulred				
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be				
22				27					Trust Fund Contribution Added to Fees				
City & State	ð		28	City & State					7. Is this nonprofit corporation a homeowners association?				
Zip	 -	Country	Zip		C	ountry	y		8. This corporation owes or has paid the current year Intangible				
24	2	5	29		30				Personal Property Tax due June 30. Yes No				
	9. Name a	nd Address of C	urrent Registered	Agent			-		10. Name and Address of New Registered A	gent			
						B1	۱ ا	Vame					
LANG, V						82	1 8	Street Add	dress (P.O. Box Number is Not Acceptable)				
		N LOOP ROAD				<u>-</u>	<u> </u>						
PUNTA	g or da fl :	33982				83							
						84	1	City	FL	85	Zip C	ode	
	to the provision	no of Castings 613	7 0502 and 617 150	OB Florido Statu	toe the	abou	<u></u>	amad car		handi	na ite	registered	
		dis the sacrious of	State of Florida, 30	ch change was	authoriz	ed by	y th	e corpora	rporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	intmer	ntas r	egistered	
agent. I a	m fạr nlliar with	i, and accept the	obligations of, Sect	ion 617.0503, F	iorida S	atute	5.						
SIGNATURE	Sinnature typed o	r printed name pl register	ed agent and title if applic	able (NO	TE: Registe	red Age	ent s	ignature requ	uired when reinstating) DATE				
12.	Organization (special)		S AND DIRECTOR		13				ADDITIONS/CHANGES TO OFFICERS AND I	DIREC	TORS	S IN 12	
TITLE	D			DELETE	1.1	TITLE				Cha	nge	Addition	
NAME	MAEL, M	ARGARET			1.2	NAME							
STREET ADDRESS 23094 WOTH AVENUE				1.3		1.3 STREET ADDRESS							
CITY-ST-ZIP	PORT CH	WARLOTTE FL			1.4	CITY-S	ST-Z	ZIP					
TITLE	D			■ DELETE	2.1	TITLE			L	Cha	nge	Addition	
NAME	***************************************			2.2	2.2 NAME								
STREET ADDRESS 23094 WORTH AVENUE				2.3 STREET ADDRESS									
CITY-ST-ZIP	PORT CHARLOTTE FL				2. 4 CITY-ST-ZIP 3.1 TITLE				Cha	nne	Addition		
TITLE	DS COST D	ONINA	1.1.	L] DECEIE	•				•		, igo		
NAME GOFF, DONNA STREET ADDRESS POST OFFICE BOX 1235				3.2 NAME 3.3 STREET ADDRESS		DDCGG							
WINTER CORDS EI			ן אואן א	1		3.4. CITY-ST-ZIP							
CITY-ST-ZIP	D	AVIIVA I L	'	DELETE		TITLE	D(-	-11		Cha	nge	☐ Addition	
NAME		NE, MICHAEL D				2 NAME		İ					
STREET ADDRESS	AN ARA MANONIARD TEO			4.3	4.3 STREET ADDRESS		DRESS						
CITY-ST-ZIP	BOOT OLIAN OTTE EL			4.4	4.4 CITY-ST-ZIP		ZIP						
TITLE	D	<u> </u>		DELETE		TITLE				Cha	nge	Addition	
NAME	2.	ANETTE M			5.2	NAME							
STREET ADDRESS		WHURST STREE	T		5.3	STREET	T AD	DRESS	· z ,				
CITY-ST-ZIP		IARLOTTE FL				CITY~		ZIP	······································	٦		1.00	
TITLE	DVP			DELETE		TITLE		ĺ	L	Cha	nge	☐ Addition	
NAME		RN, JAMES				NAME							
STREET ADDRESS		VIGATOR ROAD			6.3	STREE	T AD	ORESS					
CITY-ST-ZIP	PORT CH	IARLOTTE FL		1	6.4	CITY-	\$T - Z	ZIP	in Continue (40 07/9)(i) Electedo Cinterior I (continue de la continue de la cont	ifi the	a sho	information	
14 I hereby c	ortify that the	information suppl	ied with this filing o	loes not qualify	for the	xemr	otio	n stated i	in Section 119.07(3)(i), Florida Statutes. I further cert	ify the	t the	information	

4. I hereby certify that the information supplied with this filing 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 ampowered to execute this reflort as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on/an attachnight with an address.

CICNATURE.

1-10.08 94/639.488