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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:51

DOCUMENT # N47089 (0)

1. Corporation Name
LIBERTY ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business	Mailing Address
MAY DEAN DR BRISTOL FL 32321 US	P.O. BOX 85, N/A BRISTOL FL 32321-0085 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3113016 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Hwy 12 S.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Bristol, FL	28 City & State
24 Zip: 32321 25 Country: Liberty	29 Zip 30 Country

9. Name and Address of Current Registered Agent

GUTHRIE, BENJAMIN S.
PEA RIDGE RD. (P.O. BOX 85, N/A)
SUITE 101
BRISTOL FL 32321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 1 Box 12-K
83 Pea Ridge Rd.
84 City: Bristol FL 85 Zip Code: 32321

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SHULER, O.B.	1.2 NAME	
STREET ADDRESS	P.O. BOX 85, N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	SHULER, MARCIA L.	2.2 NAME	
STREET ADDRESS	P.O. BOX 85, N/A)	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	GUTHRIE, BENJAMIN S.	3.2 NAME	
STREET ADDRESS	P.O. BOX 85, N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	SHULER, NANCY	4.2 NAME	
STREET ADDRESS	P.O. BOX 85, N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Benjamin S. Guthrie 1/17/95 (904) 643-5758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027016