

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47089** (0)  
1. Corporation Name  
**LIBERTY ASSOCIATION FOR RETARDED CITIZENS, INC.**



Principal Place of Business <b>HWY 12 S BRISTOL FL 32321 US</b>	Mailing Address <b>P.O. BOX 85, N/A BRISTOL FL 32321-0085 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>01/30/1992</b>	
4. FEI Number <b>59-3113016</b>	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GUTHRIE, BENJAMIN S. RT 1 BOX 12-K PEA RIDGE RD BRISTOL FL 32321</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>RT 3 Box 12-K</b> 83 84 City <b>FL</b> 85 Zip Code
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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 **BENJAMIN S. GUTHRIE** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P SHULER, O.B.</b>
STREET ADDRESS	<b>P.O. BOX 85, N/A</b>
CITY-ST-ZIP	<b>BRISTOL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPD SHULER, MARCIA L.</b>
STREET ADDRESS	<b>P.O. BOX 85, N/A</b>
CITY-ST-ZIP	<b>BRISTOL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPD GUTHRIE, BENJAMIN S.</b>
STREET ADDRESS	<b>P.O. BOX 85, N/A</b>
CITY-ST-ZIP	<b>BRISTOL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ST SHULER, NANCY</b>
STREET ADDRESS	<b>P.O. BOX 85, N/A</b>
CITY-ST-ZIP	<b>BRISTOL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S.T. Dillmore, Nancy S.</b>
4.3 STREET ADDRESS	<b>P.O. Box 85, N/A</b>
4.4 CITY-ST-ZIP	<b>Bristol, FL 32321</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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** 28JAN98 (850) 643-5312

CR2E037 (10/97)