2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N47089

Entity Name: LIBERTY ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business:

10550 NW MAIN ST
BRISTOL, FL 32321 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 85, N/A
BRISTOL, FL 323210085 US

New Mailing Address:

P.O. BOX 85
BRISTOL, FL 323210085 US

FEI Number: 59-3113016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUTHRIE, BENJAMIN S.
13048 NW PEA RIDGE RD
BRISTOL, FL 32321 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHULER, O.B.
Address: P.O. BOX 85, N/A
City-St-Zip: BRISTOL, FL

Title: VPD ( ) Delete
Name: SHULER, MARCIA L
Address: P.O. BOX 85, N/A
City-St-Zip: BRISTOL, FL

Title: VPD ( ) Delete
Name: GUTHRIE, BENJAMIN S
Address: P.O. BOX 85, N/A
City-St-Zip: BRISTOL, FL

Title: ST ( ) Delete
Name: DILLMORE, NANCY S
Address: P.O. BOX 85 N/A
City-St-Zip: BRISTOL, FL 32321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: GUTHRIE, BENJAMIN S
Address: P.O. BOX 85, N/A
City-St-Zip: BRISTOL, FL 32321

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN S. GUTHRIE VPD 04/25/2006

Electronic Signature of Signing Officer or Director — Date