

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000003614 (1)

1. Corporation Name

LIBERTY JOY, INC.

Principal Place of Business

Mailing Address

**5705 BRIARWOOD ST.
MANGONIA PARK FL 33407**

**5705 BRIARWOOD ST.
MANGONIA PARK FL 33407**

2. Principal Place of Business

21 708 W 57th St

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State West Palm Beach, FL

City & State

Zip

24 33407

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**JOHNSON, SARITA
5705 BRIARWOOD ST.
MANGONIA PARK FL 33407**

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

65-0760554

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 **Sarita Johnson**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-24-98

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **JOHNSON, SARITA**
STREET ADDRESS **5705 BRIARWOOD ST.**
CITY-ST-ZIP **MANGONIA PARK FL 33407**

TITLE **DS** ☐ DELETE

NAME **VARISTE, JEAN**
STREET ADDRESS **315 ROUNTREE ST.**
CITY-ST-ZIP **WILSON NC 27845**

TITLE **DT** ☒ DELETE

NAME **PEREZ, MARCO**
STREET ADDRESS **5705 BRIARWOOD ST.**
CITY-ST-ZIP **MANGONIA PARK FL 33407**

TITLE **DT** ☐ DELETE

NAME **Erika Graham**
STREET ADDRESS **708 W 57th St.**
CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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: **Sarita Johnson**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

561895-9603
7-24-98 **561-534-1955**

FILED
Oct 07 1998 8:00am
Secretary of State



CR2E037 (5/98)