

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003430

FILED  
May 04, 2004  
Secretary of State

Entity Name: LIBERTY COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

PO BOX 523  
BRISTOL, FL 32321

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 523  
BRISTOL, FL 32321

**New Mailing Address:**

FEI Number: 59-2365517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUNSFORD, BETTY J  
HWY 12 SOUTH  
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: D ( ) Delete  
Name: BROWN, JOE  
Address: RT 1 BOX 67-D  
City-St-Zip: HOSFORD, FL 32334

Title: D ( ) Delete  
Name: MILLER, MANNING  
Address: RT 1 BOX 6  
City-St-Zip: HOSFORD, FL 32334

Title: D ( ) Delete  
Name: SUMMERS, LESTER  
Address: PO BOX 1255 N/A  
City-St-Zip: BRISTOL, FL 32321

Title: TD ( ) Delete  
Name: LUNSFORD, BETTY J  
Address: HWY 12 SOUTH, PO BOX 721  
City-St-Zip: BRISTOL, FL 32321

Title: P ( ) Delete  
Name: EUBANKS, JOHNNY  
Address: P.O. BOX 536  
City-St-Zip: BRISTOL, FL 32321

Title: VP ( ) Delete  
Name: PHILLIPS, ANNETTE  
Address: P.O BOX 127  
City-St-Zip: TELOGIA, FL 32360

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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 Section 119.07(3)(i), 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: BETTY J. LUNSFORD

TD

05/04/2004

Electronic Signature of Signing Officer or Director

Date