

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003430

FILED
Apr 30, 2006
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
19089 NW C.R. 379
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: BROWN, RICHARD
Address: P.O. BOX 298
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: 19089 NW C.R. 379, 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: REVELL, TIM
Address: 17444 NW C.R. 379
City-St-Zip: BRISTOL, FL 32321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HIERS, JED
Address: P.O. BOX 552
City-St-Zip: BRISTOL, FL 32321

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

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

Title: ST (X) Change () Addition
Name: LUNSFORD, BETTY J
Address: 19089 NW C.R. 379, PO BOX 721
City-St-Zip: BRISTOL, FL 32321

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

Title: D (X) Change () Addition
Name: RICHARDS, GARY
Address: P.O. BOX 850
City-St-Zip: BRISTOL, FL 32321

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: BETTY J. LUNSFORD

ST

04/30/2006

Electronic Signature of Signing Officer or Director

Date