

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003430

FILED
May 21, 2010
Secretary of State

Entity Name: LIBERTY COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

11493 NW SUMMERS ROAD
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LUNSFORD-SMITH, BETTY J
19089 NW C.R. 379
BRISTOL, FL 32321 US

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: VP
Name: HIERS, JED
Address: SUMMERS ROAD; P.O. BOX 552
City-St-Zip: BRISTOL, FL 32321

Title: P
Name: WRIGHT, MICHAEL
Address: 14712 NW SR 20
City-St-Zip: BRISTOL, FL 32321

Title: D
Name: WILLIS, MITCH
Address: 10898 NW SR 20
City-St-Zip: BRISTOL, FL 32321

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

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

Title: D
Name: PLUMMER, MARK S
Address: 16059 NW LAKESIDE RD., LAKE MYSTIC
City-St-Zip: BRISTOL, FL 32321

I hereby 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 all other like empowered.

SIGNATURE: BETTY J. LUNSFORD-SMITH

SEC

05/21/2010

Electronic Signature of Signing Officer or Director

Date