

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005306

FILED  
Apr 06, 2011  
Secretary of State

Entity Name: LIBERTY NETWORK, INC.

**Current Principal Place of Business:**

2221 S BLUE ANGEL PKY  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

2221 S BLUE ANGEL PKY  
PENSACOLA, FL 32506

**New Mailing Address:**

FEI Number: 59-3601508      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LIPSCOMB, BUFORD  
2221 S BLUE ANGEL PKY  
PENSACOLA, FL 32506      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: PD  
Name: LIPSCOMB, BUFORD  
Address: 16461 INNELARITY POINT RD  
City-St-Zip: PENSACOLA, FL 32507

Title: TD  
Name: WEAVER, JIMMY  
Address: 609 DUNDEE DR.  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: JOINER, L A  
Address: 544 NW 18TH LANE  
City-St-Zip: JENNINGS, FL 32053

Title: D  
Name: TERRY, BRUCE  
Address: 2732 OLD ROCKY RIDGE ROAD  
City-St-Zip: BIRMINGHAM, AL 35216

Title: D  
Name: LIMBAUGH, MARC  
Address: 555 NEWNAN ROAD  
City-St-Zip: CARROLTON, GA 30116

Title: SD  
Name: STAFFORD, THOMAS D  
Address: 32891 ARBOR RIDGE CIRCLE  
City-St-Zip: LILLIAN, AL 36549

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: T.D.STAFFORD

SD

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date