

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006026

FILED  
Jul 08, 2004  
Secretary of State

Entity Name: LIBERTY INSTITUTIONAL REVIEW BOARD INC.

## Current Principal Place of Business:

917 N. SPRING GARDEN AVENUE  
DELAND, FL 32720

## New Principal Place of Business:

646B WEST PLYMOUTH AVENUE  
DELAND, FL 32720

## Current Mailing Address:

1150 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

## New Mailing Address:

646B WEST PLYMOUTH AVENUE  
DELAND, FL 32720

FEI Number: 33-1103906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BALLINGER, STEVEN R ESQ.  
888 S. ANDREWS AVENUE  
SUITE 205  
FORT LAUDERDALE, FL 33316

## 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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RYAN, MARY A  
Address: 917 N. SPRING GARDEN AVENUE  
City-St-Zip: DELAND, FL 32720

Title: V ( ) Delete  
Name: GUILDERMAN, BRIAN  
Address: 1150 N. UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ST ( ) Delete  
Name: ADAMS, LAURIE  
Address: 917 N. SPRING GARDEN AVENUE  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RYAN, MARYANN  
Address: 646B WEST PLYMOUTH AVENUE  
City-St-Zip: DELAND, FL 32720

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYANN RYAN

PRES

07/08/2004

Electronic Signature of Signing Officer or Director

Date