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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000019376 (8)**

1. Corporation Name
LIBERTY UNIVERSITY MANAGEMENT, INC.

Principal Place of Business
8600 HIGHWAY 98 WEST
PENSACOLA FL 32506

Mailing Address
8600 HIGHWAY 98 WEST
PENSACOLA FL 32506-8915

3. Date Incorporated or Qualified: **02/29/1996**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3362139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MAYES, ROBERT G SR.
8600 HIGHWAY 98 WEST
PENSACOLA FL 32506

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of individual, and capacity or relationship to corporation (NOTE: Required if signature is not an officer listed below) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	MAYES, ROBERT G SR.	
STREET ADDRESS	6013 CHANDELLE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VD	☐ DELETE
NAME	CURTIS, M R	
STREET ADDRESS	3028 KNOTTY PINE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	SD	☐ DELETE
NAME	COOLEY, THOMAS E	
STREET ADDRESS	6011 CHANDELLE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	TD	☐ DELETE
NAME	MAYES, ROBERT G JR.	
STREET ADDRESS	POST OFFICE BOX 36190	
CITY-ST-ZIP	PENSACOLA FL 32516	
TITLE	D	☐ DELETE
NAME	MAYES, MINNIE L	
STREET ADDRESS	6013 CHANDELLE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	☐ DELETE
NAME	LIPSCOMB, BUFORD	
STREET ADDRESS	6003 CHANDELLE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: X Robert Mayes Robert Mayes 4/9/97 904-453-8000