

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005306

**Entity Name:** LIBERTY NETWORK, INC.

**Current Principal Place of Business:**

2221 S BLUE ANGEL PKY  
PENSACOLA, FL 32506

**Current Mailing Address:**

2221 S BLUE ANGEL PKY  
PENSACOLA, FL 32506

**FEI Number: 59-3601508**

**Certificate of Status Desired: No**

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

LIPSCOMB, BUFORD  
2221 S BLUE ANGEL PKY  
PENSACOLA, FL 32506 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

**Officer/Director Detail :**

Title PD  
Name LIPSCOMB, BUFORD  
Address 16461 INNELARITY POINT RD  
City-State-Zip: PENSACOLA FL 32507

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

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

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

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

Title SD  
Name STAFFORD, THOMAS D  
Address 32891 ARBOR RIDGE CIRCLE  
City-State-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: THOMAS D.STAFFORD**

**SECRETARY**

**04/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date