

FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748724 (2)

1. Corporation Name
LIBERTY TEMPLE CHRISTIAN CENTER, INC.

**APPROVED
AND
FILED**

95 MAY -1 AM 9: 06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 8642 STARKEY ROAD SEMINOLE FL 34647 US	Mailing Address 8642 STARKEY ROAD SEMINOLE FL 34647 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1979	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2447271	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**MILBY, HAROLD B, REV
5721 82ND AVENUE NORTH
PINELLAS PARK FL 34665**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
(Signature typed in printed space of registered agent and State Department of State)

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addressee.

SIGNATURE: *[Signature]* **4-28-95**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR