

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 748724 (2)**  
 1. Corporation Name  
**LIBERTY TEMPLE CHRISTIAN CENTER, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>8642 STARKEY ROAD<br/>SEMINOLE FL 34647<br/>US</b> | Mailing Address<br><b>8642 STARKEY ROAD<br/>SEMINOLE FL 34647<br/>US</b> |
|--|--|

3. Date Incorporated or Qualified  
**08/30/1979**

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>59-2447271</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

|  |   |               |               |
|--|---|---------------|---------------|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | Country<br>25 | Country<br>30 |
|--|---|---------------|---------------|

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**LONGTIN, DAN  
7298 ULMERTON RD #609  
LARGO FL 34641**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                         |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>TD<br/>JONES &amp; STEVEN<br/>10167 SAILWINDS BLVD N, APT 101<br/>LARGO FL</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>ELRITH, PAUL<br/>1160 WOODBROOK DR<br/>LARGO FL</b> <input type="checkbox"/> DELETE                                 | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD<br/>LONGTIN, DAN<br/>7298 ULMERTON RD #609<br/>LARGO FL 34641</b> <input type="checkbox"/> DELETE                      | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>ELRITH, PAULSON<br/>1001 STARKLEY RD #811<br/>LARGO FL</b> <input type="checkbox"/> DELETE                          | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SD<br/>ROMALES, RMAMAL Roman Romales<br/>180 WOOD BROOK DR<br/>LARGO FL</b> <input type="checkbox"/> DELETE               | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>SCHULER, PAUL<br/>8945 COUNTY SQ DR.<br/>LARGO FL 34647</b> <input type="checkbox"/> DELETE                         | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP |

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14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-11-98**

CR2E087 (10/97)