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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 748724

1. Corporation Name
LIBERTY TEMPLE CHRISTIAN CENTER, INC.

Principal Place of Business 8642 STARKEY ROAD SEMINOLE FL 34647 LARGO 33777 US	Mailing Address 8642 STARKEY ROAD SEMINOLE FL 34647 33777 US- Largo
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/30/1979
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2447271
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Country
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LONGTIN, DAN 7298 ULMERTON RD #609 LARGO FL 34641		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELRITH, PAUL	1.2 NAME	Billy Washburn
STREET ADDRESS	1160 WOODBROOK DR	1.3 STREET ADDRESS	8942 Enchantment Drive
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Largo, FL 33773
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGTIN, DAN	2.2 NAME	
STREET ADDRESS	7298 UIMERTON RD #609	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARGO FL 34641	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELRITH, PAULSON	3.2 NAME	
STREET ADDRESS	1001 STARKLEY RD #611	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMOLES, ROMAN	4.2 NAME	
STREET ADDRESS	160 WOOD BROOK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULER, PAUL	5.2 NAME	
STREET ADDRESS	8945 COUNTY SQ DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARGO FL 34647	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: (Signature) Dan Longtin 4-29-99 727 391-9743
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)