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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755670 (7)**  
1. Corporation Name  
**LIBERTY BAPTIST CHURCH OF ORLANDO, FLORIDA, INC.**

Principal Place of Business <b>744 N DEAN ROAD R. B. BOKER BLDG ORLANDO FL 32825 32825</b>	Mailing Address <b>744 N DEAN ROAD R. B. BOKER BLDG ORLANDO FL 32825 32825</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/23/1980</b>	3a. Date of Last Report <b>05/10/1994</b>
4. FEI Number <b>59-2053775</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Zip Country
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9. Name and Address of Current Registered Agent  
**HILL, BOBBY J  
3802 E ESTHER  
ORLANDO FL 32806**

10. Name and Address of New Registered Agent  
81. Name  
**MURRAY, VERN**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**3525 MILLPOOL COURT**  
83. **ORLANDO, FLORIDA 32822**  
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 *Vern Murray Sr.* **Vern Murray Sr. Pastor** 4-21-95  
Signature, typed or printed name of registered agent and FEI if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>STD</b>
NAME	<b>LAW, DON</b>
STREET ADDRESS	<b>9904 LANCEWOOD ST</b>
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>JONES, SAM</b>
STREET ADDRESS	<b>10437 VIA DEL SOL</b>
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>HILL, BOBBY</b>
STREET ADDRESS	<b>3802 E ESTHER</b>
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>STUCKEY, GUY</b>
STREET ADDRESS	<b>878 ISLANDER AVE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MURRAY, VERN</b>
1.3 STREET ADDRESS	<b>3525 MILLPOOL COURT</b>
1.4 CITY - ST - ZIP	<b>ORLANDO, FLORIDA 32822</b>
2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JONES, SAM</b>
2.3 STREET ADDRESS	<b>10437 VIA DEL SOL</b>
2.4 CITY - ST - ZIP	<b>ORLANDO, FLORIDA 32817</b>
3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>LAW, DON</b>
3.3 STREET ADDRESS	<b>9904 LANCEWOOD ST.</b>
3.4 CITY - ST - ZIP	<b>ORLANDO, FLORIDA 32817</b>
4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>WOLFE, CLAYTON</b>
4.3 STREET ADDRESS	<b>5873 EDUOARD COURT</b>
4.4 CITY - ST - ZIP	<b>OVIEDO, FLORIDA 32765</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>LOFYE, JOHN</b>
5.3 STREET ADDRESS	<b>4536 BRIDGETON LANE</b>
5.4 CITY - ST - ZIP	<b>ORLANDO, FLORIDA 32817</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 as an attachment with an address.

SIGNATURE: *Vern Murray* **Vern Murray** 4-21-95 407-273-3000  
Signature and typed or printed name of signing officer or director