

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90040 026 ****61.25

0027755

DOCUMENT # 755670

1. Entity Name

LIBERTY BAPTIST CHURCH OF ORLANDO, FLORIDA, INC.

Principal Place of Business

Mailing Address

744 N DEAN ROAD
 ORLANDO FL 32825
 US

744 N DEAN ROAD
 ORLANDO FL 32825
 US

623425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2053775

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, VERN
3525 MILLPOOL COURT
ORLANDO FL 32822

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P MURRAY, VERN	<input type="checkbox"/> Delete
STREET ADDRESS	3525 MILLPOOL COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	VD WOLFE, CLAYTON	<input type="checkbox"/> Delete
STREET ADDRESS	5873 EDUARDO CT	
CITY-ST-ZIP	OVLEDO FL	
TITLE NAME	SD LAW, DON	<input type="checkbox"/> Delete
STREET ADDRESS	9904 LANCEWOOD ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	TD TRIPPE, GREG	<input type="checkbox"/> Delete
STREET ADDRESS	7564 WAYLAND BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vern Murray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/9/2001**

Daytime Phone # **(407)273-3000**

CR2E037 (10/00)