
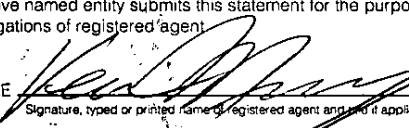
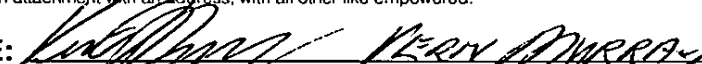


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90435 010 ****61.25

DOCUMENT # 755670					
1. Entity Name LIBERTY BAPTIST CHURCH OF ORLANDO, FLORIDA, INC.					
Principal Place of Business 744 N DEAN ROAD ORLANDO, FL 32825 US			Mailing Address 744 N DEAN ROAD ORLANDO, FL 32825 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2053775	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, VERN 3525 MILLPOOL COURT ORLANDO, FL 32822			7. Name and Address of New Registered Agent Name: <u>Vern Murray</u> Street Address (P.O. Box Number is Not Acceptable): <u>19313 LAKE PICKETT ROAD</u> City: <u>ORLANDO</u> FL Zip Code: <u>32820</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 		(NOTE: Registered Agent signature required when reinstating)		DATE: <u>4-25-05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURRAY, VERN	NAME			
STREET ADDRESS	3525 MILLPOOL COURT	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLFE, CLAYTON	NAME			
STREET ADDRESS	5873 EDUARDO CT	STREET ADDRESS			
CITY-ST-ZIP	OVLEDO, FL	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAW, DON	NAME	<u>SD LARRY MURRAY</u>		
STREET ADDRESS	9904 LANCEWOOD ST.	STREET ADDRESS	<u>19311 LAKE PICKETT RD.</u>		
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	<u>ORLANDO, FL, 32820</u>		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRIPPE, GREG	NAME	<u>TD GREG BEEDLOW</u>		
STREET ADDRESS	7564 WAYLAND BLVD	STREET ADDRESS	<u>148 PINE ABBOT DR.</u>		
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	<u>ORLANDO, FL, 32825</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		Date: <u>4-27-05</u>		Daytime Phone #: <u>407-924-3648</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					