


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90031 048 ****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

50019600



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05102006 Chg-NP CR2E037 (4/06)

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

MURRAY, VERN
19313 LAKE PICKETT RD
ORLANDO, FL 32820

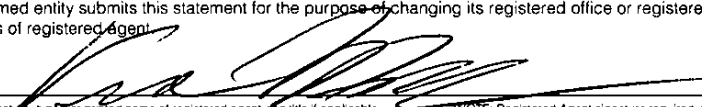
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
19313 Lake Pickett Rd

City **Orlando** FL Zip Code **32820**

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 

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

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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** Delete

NAME **MURRAY, VERN**

STREET ADDRESS **3525 MILLPOOL COURT**

CITY-ST-ZIP **ORLANDO, FL**

Change Addition

TITLE

NAME

STREET ADDRESS **19313 Lk. Pickett Rd**

CITY-ST-ZIP **ORLANDO, FL 32820**

TITLE **VD** Delete

NAME **WOLFE, CLAYTON**

STREET ADDRESS **5873 EDUARDO CT**

CITY-ST-ZIP **OVLEDO, FL**

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **SD** Delete

NAME **MURRAY, LARRY**

STREET ADDRESS **19311 LAKE PICKETT RD**

CITY-ST-ZIP **ORLANDO, FL 32820**

Change Addition

TITLE **SD**

NAME **BARRS, TERRY**

STREET ADDRESS **9436 MONTELLO DRIVE**

CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **TD** Delete

NAME **BEELOW, GREG**

STREET ADDRESS **148 PINE ABBOR DR**

CITY-ST-ZIP **ORLANDO, FL 32825**

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 5-10-06 407-228-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #