


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State


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
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2053775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, VERN
 19313 LAKE PICKETT RD
 ORLANDO, FL 32820

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000795665
 01/28/08-80056-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, VERN 19313 LK PICKETT RD ORLANDO, FL 32820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLFE, CLAYTON 5873 EDUARDO CT OVLEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRS, TERRY 4436 MONTELL ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEEDLOW, GREG 148 PINE ABBOR DR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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* **1/21/08** **407-273-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #