

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755670

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: LIBERTY BAPTIST CHURCH OF ORLANDO, FLORIDA, INC.

**Current Principal Place of Business:**

744 N DEAN ROAD  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

744 N DEAN ROAD  
ORLANDO, FL 32825 US

**New Mailing Address:**

FEI Number: 59-2053775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURRAY, VERN  
19313 LAKE PICKETT RD  
ORLANDO, FL 32820 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MURRAY, VERN  
Address: 19313 LK PICKETT RD  
City-St-Zip: ORLANDO, FL 32820

Title: VD ( ) Delete  
Name: WOLFE, CLAYTON  
Address: 5873 EDUARDO CT  
City-St-Zip: OVLEDO, FL

Title: SD ( ) Delete  
Name: BARRS, TERRY  
Address: 4436 MONTELL  
City-St-Zip: ORLANDO, FL

Title: TD ( ) Delete  
Name: BEEDLOW, GREG  
Address: 148 PINE ABBOR DR  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MURRAY, VERN  
Address: 19313 LK PICKETT RD  
City-St-Zip: ORLANDO, FL 32820 US

Title: VD (X) Change ( ) Addition  
Name: WOLFE, CLAYTON  
Address: 5873 EDUARDO CT  
City-St-Zip: OVLEDO, FL 32765 US

Title: SD (X) Change ( ) Addition  
Name: BARRS, TERRY  
Address: 4436 MONTELL  
City-St-Zip: ORLANDO, FL 32817 US

Title: TD (X) Change ( ) Addition  
Name: BEEDLOW, GREG  
Address: 148 PINE ABBOR DR  
City-St-Zip: ORLANDO, FL 32825 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAYTON WOLFE

VD

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date