2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N02759 Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** LIBERTY CHURCH OF TALLAHASSEE, INC. 01-18-2000 90096 022 ****61.25 Principal Place of Business Mailing Address 2450 FL. GA. HWY. 2450 FL. GA. HWY. HAVANA FL 32333 HAVANA FL 32333-5261 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2261783 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRADY, EMILE J JR. 2450 FL. GA. HWY. HAVANA FL 32333 City 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 (NOTE: Registered Agent signature required when reinstating) d title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change ☐ Delete TITLE NAME NAME BRADY, EMILE J JR. .. STREET ADDRESS STREET ADDRESS 2450 FL. GA. HWY. CITY-ST-ZIP CITY-ST-7IP HAVANA FL 32333 ☐ Addition Change TITLE ۷D ☐ Delete TITLE NAME Brady, Kathleen A STREET ADDRESS STREET ADDRESS 2450 FL. GA. HWY. CITY-ST-ZIP CITY-ST-ZIP HAVANA FL 32333 Change ☐ Addition STD ☐ Delete TITLE NAME NAME lambert. Ken STREET ADDRESS STREET ADDRESS 1960 CAMP LANE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITI F Change TITLE 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 poort as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with an addre

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952-566-0971

Date

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