

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90247 002 ****61.25

DOCUMENT # N48430

1. Entity Name
LIBERTY BAPTIST CHURCH, INC. OF HAINES CITY,
FLORIDA



Principal Place of Business
2624 NORTH 10TH STREET
HAINES CITY, FL 33844 US

Mailing Address
P.O. BOX 786
HAINES CITY, FL 33845-0786 US



2. Principal Place of Business
2624 North 10th St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 786
Suite, Apt. #, etc.

City & State
Haines City, FL 33844
Zip
33844
Country
US

City & State
Haines City, FL 33845
Zip
33845
Country
U.S

03272006 Chg-NP CR2E037 (11/05)

4. FEI Number
58-7006166
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, EDWIN K REV
305 EAST PALM STREET
DAVENPORT, FL 33837

7. Name and Address of New Registered Agent
Name *Johnson, Edwin K. Rev*
Street Address (P.O. Box Number is Not Acceptable)
575 Live Oak Ave (West) Bldg
5-301
City *Haines City, Fla* FL Zip Code *33844*

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 *Edwin K. Johnson, Pastor*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-2006
DATE

Filing Fee is \$61.25
Due by May 1, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, EDWIN K REV. 305 EAST PALM STREET DAVENPORT, FL 33837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASKETT, SINCLAIR 1502 26TH TERR HAINES CITY, FL 33844 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOX, LEWIS 2624 N. 10TH STREET HAINES CITY, FL 33844 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pastor</i> <i>Johnson, Edwin K Rev.</i> <i>575 Live Oak Ave (West) Bldg</i> <i>5-301 Haines City, Fla 33844</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edwin K. Johnson, Pastor* (863) 4224119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #