

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48430

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

**Current Principal Place of Business:**

2470 CHESTNUT WOODS DRIVE  
LAKELAND FL 33815  
LAKELAND, FL 33815

**Current Mailing Address:**

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

**FEI Number:** 74-3122223

**Certificate of Status Desired:** No

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

LIBERTY BAPTIST CHURCH INC  
2470 CHESTNUT WOODS DRIVE  
LAKELAND, FL 33815 US

*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:** DR. EDWIN K JOHNSON B.A., M,A,.D.D

02/08/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                         |                 |                      |
|-----------------|-------------------------|-----------------|----------------------|
| Title           | P                       | Title           | S                    |
| Name            | JOHNSON, EDWIN KREV     | Name            | ROBINSON, SARAH      |
| Address         | 2470 CHESTNUT WOODS DR. | Address         | 426 KOKOMO RD.       |
| City-State-Zip: | LAKELAND FL 33815       | City-State-Zip: | HAINES CITY FL 33845 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** DR. EDWIN K JOHNSON B.A., M,A,.D.D

PRESIDENT/PASTOR

02/08/2014

Electronic Signature of Signing Officer/Director Detail

Date