2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Feb 24, 2002 8:00 am Secretary of State DOCUMENT # 707954 1. Entity Name LIBERTY CHURCH, INC. 02-24-2002 90047 014 ****61.25 Principal Place of Business Mailing Address 8600 HWY 98 W 8600 HWY 98 W PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address J Ame Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE y & State پڼڪ۔ City & State 4. FEI Number Applied For 23-7062057 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAME Box Number is Not Acceptable) LIPSCOMB, BUFORD 6003 CHANDELLE CIR PENSACOLA FL 32507 Zip Code よンSのよ 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete CR2E037 (9/01) TITLE ☐ Change ☐ Addition LIPSCOMB, BUFORD NAME NAME STREET ADDRESS 6003 CHANDELLE CIR STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 00000 CITY-ST-ZIP TITLE **D**elete TITLE ☐ Addition ☐ Change NAME Trussell. Kevin NAME 5821 PRINCETON DR STREET ADDRESS STREET ADDRESS _CITY-ST-ZIP PENSACOLA FL 32526 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME Harris, John NAME STREET ADDRESS 1801 GRUNDY STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change BUCHANAN MERRITT NIZO Little Creek LANCE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 of the corporation of the corporation or the receiver of the corporation of the corporation of the corporation or the receiver of the corporation of the changed, or on an atta-