

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90122 040 \*\*\*\*61.25

**DOCUMENT # 707954**

1. Entity Name  
**LIBERTY CHURCH, INC.**



Principal Place of Business  
 2221 S. BLUE ANGEL HIGHWAY  
 PENSACOLA, FL 32506 US

Mailing Address  
 2221 S. BLUE ANGEL HIGHWAY  
 PENSACOLA, FL 32506 US

4025



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
 23-7062057

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPSCOMB, BUFORD  
 2221 S. BLUE ANGEL PKWY  
 PENSACOLA, FL 32506

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIPSCOMB, BUFORD	
STREET ADDRESS	2221 SOUTH BLUE ANGEL PKWY	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEAVER, JIMMY	
STREET ADDRESS	609 DUNDEE DR.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GANLEY, BOB	
STREET ADDRESS	5270 PALE MOON DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPSCOMB, JOSH	
STREET ADDRESS	1451 CACAO LN	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, STEVE	
STREET ADDRESS	5783 GRANDE LAGOON BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOUGH, DUTCH	
STREET ADDRESS	325 SOUTHWALK PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32506	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICE, RONALD	
STREET ADDRESS	5486 KEEL DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULTZ, CARTER	
STREET ADDRESS	8822 PARLIAMENT CIRCLE	
CITY-ST-ZIP	DAPHNE AL 36526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

7/16/07

850-442-5014

Date

Daytime Phone #