

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# 707954

Entity Name: LIBERTY CHURCH, INC.

Current Principal Place of Business:

2221 S. BLUE ANGEL HIGHWAY
PENSACOLA, FL 32506 US

New Principal Place of Business:

Current Mailing Address:

2221 S. BLUE ANGEL HIGHWAY
PENSACOLA, FL 32506 US

New Mailing Address:

FEI Number: 23-7062057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIPSCOMB, BUFORD
Address: 2221 SOUTH BLUE ANGEL PKWY
City-St-Zip: PENSACOLA, FL 32506

Title: TD () Delete
Name: WEAVER, JIMMY
Address: 609 DUNDEE DR.
City-St-Zip: PENSACOLA, FL 32507

Title: SD () Delete
Name: GANLEY, BOB
Address: 5270 PALE MOON DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: LIPSCOMB, JOSH
Address: 1451 CACAO LN
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: WATSON, STEVE
Address: 5783 GRANDE LAGOON BLVD
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: KOUGH, DUTCH
Address: 325 SOUTHWALK PLACE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIMMY WEAVER

TD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date