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Jul 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sahdra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723099** (8)

1. Corporation Name

LIBERTY CHRISTIAN UNIVERSITY, INC.



Principal Place of Business

Mailing Address

**8800 HWY 98 W
BOX 8189
PENSACOLA FL 32506
US**

**8800 HWY 98 W
BOX 8189
PENSACOLA FL 32506-8915
US**

3. Date Incorporated or Qualified
04/10/1972

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIPSCOMB, BUFORD
8003 CHANDELLE CIR
PENSACOLA FL 32507**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **LIPSCOMB, BUFORD**
STREET ADDRESS **8003 CHANDELLE CIR**
CITY-ST-ZIP **PENSACOLA FL 32507**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

NAME **KEITER, ROB** ☒ DELETE
STREET ADDRESS **5037 CHANDELLE DR.**
CITY-ST-ZIP **PENSACOLA FL 32507**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SD HARRIS, JOHN**
2.3 STREET ADDRESS **1801 GRUNDY STREET**
2.4 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **TDS** ☐ DELETE
NAME **WEAVER, JIMMY**
STREET ADDRESS **205 N 59TH AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32506**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **INVOICE RECEIVED, DATE 4/28/97**
STREET ADDRESS **TO BE LOADED**
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)