

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 737066
1. Corporation Name
Liberty New Testament of Tampa INC.

Principal Place of Business Mailing Address
7110 McCoy Rd
Tampa Fla 33625

2. Principal Place of Business 2a. Mailing Address
21 7110 McCoy Rd 26
Suite, Apt. #, etc. 27
22 City & State 28
23 Tampa Fla
24 Zip 3362 25 Country 29
30

3. Date Incorporated or Qualified 10/18/76 3a. Date of Last Report 1995
4. FEI Number 59-6606757 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
William D Scott
7110 McCoy Rd
Tampa Fla 33625

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 800001848038
84 City -06703796--01049--003 Zip Code
***70.00 FL 85

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D-Vice President
1.2 NAME Alice M Ford
1.3 STREET ADDRESS 2105 W Conanche
1.4 CITY-ST-ZIP Tampa Fla 33603
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE D-Secretary
5.2 NAME Wanda L Scott
5.3 STREET ADDRESS 7110 McCoy Rd
5.4 CITY-ST-ZIP Tampa Fla 33625
6.1 TITLE D-Treasurer
6.2 NAME Robin Bagamary
6.3 STREET ADDRESS 7406 Ardenwood
6.4 CITY-ST-ZIP Tampa Fla 33624

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Wanda L Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 813-920-2002
CS 5/1/96

CR2E037 (12/95)