## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

LIBERTY TEMPLE CHRISTIAN CENTER, INC.

## **FILED** Apr 15 1997 8:00am Secretary of State


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Principal Place of Business Mailing Address												
8642 STARKEY ROAD 8642 STARKEY RO SEMINOLE FL 34647 SEMINOLE FL 337			TARKEY ROAD DLE FL 33777-3401									
US US							3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1979 03/16/1996					
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For			
21 26					59-2447271		<u></u>	ol Applicable				
Suite, Apt. #, etc.         Suite, Apt. #, ctc.           22         27					5. Certificate of Status Desired		\$8.75 A Fee Re					
City & State	City & State City & State					6. Election Campaign Financing \$5.00 May Be 1rust Fund Contribution Added to Fees						
Zip		Country	Zip	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24		25	29		30					□ No		
	9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81. Name											
LONGTIN, DAN  7298 ULMERTON RD #609  LARGO FL 34641  82 Street Address (P.O. Box Number is Not Acceptable)  1200 106 TH Ct. N.												
						<b>84</b> City	arg	Ο	FL	85 Zip S	3778	
11. Pursuant	to the provision	ons <u>of</u> Sections 6	17.0502 and 617.1	508, Florida Statut	es, the a	LL cove-named	d corpora	ation submits this statement for the	purpose o	of changing its	s registered	
office or registered agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503 Florida Statutes.												
SIGNATURE .	Stagehue hungd	Y Jan	dered agont and the if app	· Pri	side	d Agent signature	ro roquisod .	then reinstatue)	DATE			
12.	Signature, typiou t		RS AND DIRECTO		13.	a Agear signatore	TO TOQUINGO	■ ADDITIONS/CHANGES TO OFF	CERS ANI	D DIRECTOR	S IN 12	
TITLE	PD			DELETE	1.1 10	TLE	T 3:	Appitions/Changes to office of the said winds Blm argo, Fl. 337		Change	Addition	
NAME	MILBY, H	IAROLD B			1.2 N	ME	10	167 Sailwinds Bln	1. N.	Ant #101	,	
STREET ADDRESS		nd avenue n	ORTH		1.3 \$	REET ADDRESS	1	-arso, Fl. 337	73	, <b></b>		
CITY-ST-ZIP		S PARK FL		···	1.4 0	TY-ST-ZIP	1	Director-				
TITLE	<b>V</b> D			☐ DELETE	2.1 Ti		Eli	Official Starkey Rd +	4211	Change	Addition	
NAME		S, RAMON			2.2 N.		10	of starkey rat	11:03		1	
STREET ADDRESS						La	rgo, Fl. 34641			į		
CITY-ST-ZIP TITLE	<u>largo f</u> PD	<u>L</u>		DELETE	2. 4 C 3.1 TI	ITY-ST-ZIP	<del>  _</del> _	· N		Change	Addition	
NAME	LONGTIN	DAN			3.1 II		2	Dan Paran		∠ change	L_I Addition	
STREET ADDRESS		I, DAN MERTON RD #	RUO			REEL ADDRESS	1 172	males, Ramon O WOODBROOK D	<b>v</b> -			
CITY-ST-ZIP	CARGO I		303	_	1	ITY-ST-ZIP		argo, Fl.			1	
TITLE	D	L 01011		DELETE	41 Ti					Change	Addition	
NAME	HILL, TH	OMAS			4. 2 N							
STREET ADDRESS		ST BAY DR, LO	OT 48		1	REET AODRESS					ŀ	
CITY-ST-ZIP	LARGO F					TY-ST-71P					ľ	
TITLE	D		_	DELETE	5.1 TI					Change	Addition	
NAME	SAVITSKI	I, MICHAEL			5.2 N	ME	Ì				į	
STREET ADDRESS	9403 118				5.3 S	REE1 ADDRESS						
CITY-ST-ZIP	SEMINOL	E FL			5.4 CI	1Y-S1-7IP						
TITLE	D			DELETE	6.1 TI	ILE				Change	☐ Addition	
NAME	SCHULE				6.2 N	<b>IM</b> E						
STREET ADDRESS		unty so dr.			6.3 S	REET ADDRESS					1	
CITY-ST-ZIP	CARGO I					IY-ST-ZIP	<u></u>	0 10 0 0 10 1				
i 14. i do hereb	by certify that	the information s	applied with this fil	ına does not quali	iv for the	exemption s	stated in	Section 119.07(3)(i), Florida Statute	s. I turthe	r certity that t	ine I	

I do needy certify that the information supplied with this filling does not quality 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 eath; 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 I changed, or on an attachment with an address.

(012) 201, 9743