


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # <b>748724</b> (2)
1. Corporation Name <b>LIBERTY TEMPLE CHRISTIAN CENTER, INC.</b>

Principal Place of Business <b>8642 STARKEY ROAD SEMINOLE FL 34647 US</b>	Mailing Address <b>8642 STARKEY ROAD SEMINOLE FL 34647 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent <b>LONGTIN, DAN 7298 ULMERTON RD #609 LARGO FL 34641</b>
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3. Date Incorporated or Qualified <b>08/30/1979</b>	
4. FEI Number <b>59-2447271</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES &amp; STEVEN</b>	1.2 NAME	
STREET ADDRESS	<b>10167 SAILWINDS BLVD N, APT 101</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELRITH, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>1160 WOODBROOK DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONGTIN, DAN</b>	3.2 NAME	
STREET ADDRESS	<b>7298 ULMERTON RD #609</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARGO FL 34641</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELRITH, PAULSON</b>	4.2 NAME	
STREET ADDRESS	<b>1001 STARKLEY RD #811</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMALES, RIMAMAL Roman Romales</b>	5.2 NAME	
STREET ADDRESS	<b>180 WOOD BROOK DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULER, PAUL</b>	6.2 NAME	
STREET ADDRESS	<b>8945 COUNTY SQ DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARGO FL 34647</b>	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: \_\_\_\_\_ 4-11-98

CR2E037 (10/97)