FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am § Secretary of State

05-05-1999 90037 023 ****70.00

DOCUMENT # 748724

1. Corporation Name

LIBERTY TEMPLE CHRISTIAN CENTER, INC.

Principal Place	e of Business	Mailing Address						
8642 STARKEY		8642 STARKEY ROAD) (40))) 184)) 8100) 184)) 184) 184) 184) 184) 184) 184) 18) (#81)): (#81)		
SEMINOLE FL	34647- LARGO 33777	SEMINOLE FL 34647 337	77					
US		- US-Largo				î1 1 30 1		
		1.0			2 Date to a control or Overlifed			
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			08/30/1979 4. FEI Number Applied For			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1			
22		27				plicable		
City & State		City & State			5. Certificate of Status Desired S8.75 Addition Fee Require			
23		28			ree require			
Zip Country		Zip Country			6. Election Campaign Financing \$5.00 May			
24 25		29 30	<u> </u>		Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent		T .:	10. Name and Address of New Registered Agent			
			81	Name		,		
LONGTIN,	DAN		82		Address (P.O. Box Number is Not Acceptable)			
	ERTON RD #609	L						
LARGO FL			83			- 1		
Daioois	. 0 10 71		0.4	Oib	85 Zip Code			
			84	City	FL 85 Zip Code	' j		
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes, th	e abov	e-named.c	corporation submits this statement for the purpose of changing its regis	stered		
office or c	egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was author	izea nv	tine como	pration's board of directors. I hereby accept the appointment as registe	red		
	m tamiliar with, and accept the obligati	ons of, Section 617.0505, Florida	Janues					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	tered Age	nt signature re	equired when reinstating) DATE	—		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I			
TITLE	D		I.1 TITLE	†	TBilly Washburn . Change	Addition		
NAME	ELRITH, PAUL		2 NAME		1 9941 Enchantment Urive			
STREET ADDRESS	1160 WOODBROOK DR			TADDRESS	Largo, Fl 33773			
	LARGO FL		1.4 CITY-S		· -	1		
CITY-ST-ZIP TITLE	PD		2.1 TITLE	51- <i>C</i> .IF	Change C	Addition		
	lì I	<u> </u>	2.2 NAME			_		
NAME	LONGTIN, DAN	i ·		T + 0.000 F 0.0				
STREET ADDRESS	7298 UIMERTON RD #609			T ADDRESS				
C/TY-ST-ZIP	CARGO FL 34641			ST-ZIP	☐ Change	Addition		
TITLE	D		3.1 TITLE	}	Curando F	7.4000001		
NAME	ELRITH, PAULSON		3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4, CITY-	ST-ZIP		7.100		
TITLE	SD,	☐ DELETE	1.1 TITLE		Change	Addition		
NAME	PAMOLES, ROMAN	- <u>-</u>	4. 2 NAME			ļ		
STREET ADDRESS	160 WOOD BROOK DR		4.3 STREE	TADORESS				
CITY-ST-ZIP	LARGO FL		4.4 CITY-S	ST-ZIP				
TITLE			5.1 TITLE		☐ Change	Addition		
NAME	D SCHULER, PAUL 5.11		5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP	01000 #4 04045		5.4 CITY-ST-ZIP					
TITLE	CANGO I E OTOTI	DELETE 6.1			☐ Change	Addition		
NAME			3.2 NAME					
(A-MIC	1. 1			T ADDRESS				

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 of 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, with all other like empowered.

6.4 C/TY-ST-Z/P

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-99

727 391-9743 Daytime Phone #