


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90091 035 \*\*\*\*70.00

<b>DOCUMENT # 754238</b>			
1. Entity Name LIBERTY CHURCH OF GAINESVILLE, INC.			
Principal Place of Business 8700 N.W. 23RD AVE. GAINESVILLE, FL 32606		Mailing Address 8700 N.W. 23RD AVE. GAINESVILLE, FL 32606	
2. Principal Place of Business		3. Mailing Address P.O. Box 140781	
Suite, Apt. #, etc.		Suite, Apt. #, etc. GAINESVILLE	
City & State		City & State FLA.	
Zip	Country	Zip	Country
		32614-0781	FLA
4. FEI Number 59-2360729		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RENFRO, ROBERT L 16005 NW 32ND AVENUE NEWBERRY, FL 32669		Name	
NEW Address		Street Address (P.O. Box Number is Not Acceptable)	
		5327 SE 108th Place	
		City <del>GAINESVILLE</del> BELLEVUE FL Zip Code 34420	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees --	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENFRO, ROBERT L	NAME	(New address only)
STREET ADDRESS	8700 NW 23RD AVENUE	STREET ADDRESS	5327 SE 108th Place
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP	Belle View Fla 34420
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<del>(New Address)</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, RICHARD	NAME	
STREET ADDRESS	8799 NW 23RD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	(NEW Address) only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, RUFUS	NAME	
STREET ADDRESS	8700 NW 23RD AVENUE	STREET ADDRESS	13636 N.W Co. Rd 235
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP	MIACHUA FLA 32615
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Pastor Robert L Renfro</u>		Date: <u>April 22, 2004</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

44038213



03112004 Chg-NP CR2E037 (10/03)