

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765754

FILED
Jan 14, 2009
Secretary of State

Entity Name: VICTORY BAPTIST CHURCH OF LIBERTY, INC.

Current Principal Place of Business:

7453 US HWY 331 N ORTH
DEFUNIAK SPG, FL 32433 US

New Principal Place of Business:

7453 US HWY 331 NORTH
DEFUNIAK SPG, FL 32433 US

Current Mailing Address:

7453 US HWY 331 N ORTH
DEFUNIAK SPG, FL 32433 US

New Mailing Address:

7453 US HWY 331 NORTH
DEFUNIAK SPG, FL 32433 US

FEI Number: 59-2261769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, MICHAEL D
5991 HWY 393
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WADE, LLOYD A
Address: 151 PARADISE ISLAND RD.
City-St-Zip: DEFUNIAK SPRGS, FL

Title: TSCD () Delete
Name: STANLEY, MICHAEL
Address: 5991 HWY 393
City-St-Zip: CRESTVIEW, FL

Title: D () Delete
Name: CASSIDY, MACY
Address: 214 S 5TH ST.
City-St-Zip: DEFUNIAK SPRGS, FL

Title: D () Delete
Name: WADE, LLOYD A
Address: 151 PARADISE ISLAND RD
City-St-Zip: DEFUNIAK SPRGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WADE, LLOYD A
Address: 151 PARADISE ISLAND RD.
City-St-Zip: DEFUNIAK SPRGS, FL 32433

Title: TSCD (X) Change () Addition
Name: STANLEY, MICHAEL D
Address: 5991 HWY 393
City-St-Zip: CRESTVIEW, FL 32539

Title: D (X) Change () Addition
Name: CASSIDY, MACY
Address: 896 5TH. STREET
City-St-Zip: FLORALA, AL 36442

Title: D (X) Change () Addition
Name: WADE, LLOYD A
Address: 151 PARADISE ISLAND RD
City-St-Zip: DEFUNIAK SPRGS, FL 32433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D STANLEY

TSCD

01/14/2009

Electronic Signature of Signing Officer or Director

Date