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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01447

1. Corporation Name
LIBERTY MINISTRIES OF BREVARD, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4680 LIPSCOMB ST NE<br>SUITE 6<br>PALM BAY FL 32905<br>US | 4680 LIPSCOMB ST NE<br>SUITE #6<br>PALM BAY FL 32905<br>US |

[redacted]

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 4620 Lipscomb St. N.E.<br>Suite, Apt. #, etc.<br>22 Suite 4B<br>City & State<br>23 Palm Bay, Florida<br>Zip 24 32905 Country 25 USA | 2a. Mailing Address<br>26 4620 Lipscomb St. N.E.<br>Suite, Apt. #, etc.<br>27 Suite 4B<br>City & State<br>28 Palm Bay, Florida<br>Zip 29 32905 Country 30 USA | 3. Date Incorporated or Qualified<br>02/15/1984<br>4. FEI Number<br>59-2645606 ☐ Applied For ☐ Not Applicable<br>5. Certificate of Status Desired ☑ $8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

PETRALIA, JUDITH
813 TEJON AVE. SW.
PALM BAY FL 32908

Delete

10. Name and Address of New Registered Agent

81 Name: Dr. Dexter Touchton
82 Street Address (P.O. Box Number is Not Acceptable): 4620 Lipscomb St. N.E.
83: Suite 4B
84 City: Palm Bay FL 85 Zip Code: 32905

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 617.0505, Florida Statutes.

SIGNATURE: Dexter Touchton — Dr. Dexter Touchton — 1-18-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☑ DELETE | 1.1 TITLE | President - Director D ☐ Change ☑ Addition |
| NAME | PETRALIA PAUL | | 1.2 NAME | Dr. Dexter Touchton |
| STREET ADDRESS | 813 TEJON AVE. S.W. | | 1.3 STREET ADDRESS | 4620 Lipscomb St. N.E. Suite 4B |
| CITY-ST-ZIP | PALM BAY FL 32908 | | 1.4 CITY-ST-ZIP | Palm Bay, Fl. 32905 |
| TITLE | VSD | ☑ DELETE | 2.1 TITLE | Vice President - Director D ☐ Change ☑ Addition |
| NAME | PETRALIA JUDITH | | 2.2 NAME | Dr. Kenneth Touchton |
| STREET ADDRESS | 813 TEJON AVE. S.W. | | 2.3 STREET ADDRESS | 4620 Lipscomb St NE Suite 4B |
| CITY-ST-ZIP | PALM BAY FL 32908 | | 2.4 CITY-ST-ZIP | Palm Bay, Fl. 32905 |
| TITLE | TD | ☑ DELETE | 3.1 TITLE | Treasurer - Director D ☐ Change ☑ Addition |
| NAME | RADOMSKI-PETRALIA ROSE | | 3.2 NAME | Joyce Touchton |
| STREET ADDRESS | 813 TEJON AVE. S.W. | | 3.3 STREET ADDRESS | 4620 Lipscomb St. N.E. Suite |
| CITY-ST-ZIP | PALM BAY FL 32908 | | 3.4 CITY-ST-ZIP | Palm Bay, Fl. 32905 |
| TITLE | | ☐ DELETE | 4.1 TITLE | Secretary - Trustee T ☐ Change ☑ Addition |
| NAME | | | 4.2 NAME | Sherry Touchton |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 4620 Lipscomb St. N.E. Suite 4B |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Palm Bay, Fl. 32905 |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | 02-26 1999 90028 018 $70.00 |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | 3-18-99 |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** Dr. Dexter Touchton — SIGNATURE REQUIRED — Dexter Touchton — 1-18-99 — 733-5889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #