

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90142 019 ****61.25

DOCUMENT # N02759

1. Entity Name

LIBERTY CHURCH OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

2450 FL. GA. HWY.
 HAVANA FL 32333

2450 FL. GA. HWY.
 HAVANA FL 32333

2. Principal Place of Business

3. Mailing Address

2027 Eykis Ct
 Suite, Apt. #, etc.

2027 Eykis Ct
 Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Country

Zip

Country

32317

Leon

32317

Leon

4. FEI Number

59-2261783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADY, EMILE J JR.
 2450 FL. GA. HWY.
 HAVANA FL 32333

Name

Emile Brady Jr.

Street Address (P.O. Box Number Is Not Acceptable)

2027 Eykis Ct

City

Tallahassee

FL

Zip Code

32317

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

Emile Brady Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-16-02

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRADY, EMILE J JR.	
STREET ADDRESS	2450 FL. GA. HWY.	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRADY, KATHLEEN A	
STREET ADDRESS	2450 FL. GA. HWY.	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, KEN	
STREET ADDRESS	1960 CAMP LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Britton	
STREET ADDRESS	904 TALBOT LN	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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:

Emile Brady Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-02 850-566-0971