

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009690

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** LIBERTY TEMPLE FULL GOSPEL CHURCH OF ORLANDO AND WORLD OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

7620 ST. STEPHENS COURT  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

7620 ST. STEPHENS COURT  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 42-1608166      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TURNER, CLIFFORD E DR.  
7620 ST. STEPHENS COURT  
ORLANDO, FL 32835 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  
Name: TURNER, CLIFFORD E DR.  
Address: 7620 ST. STEPHENS COURT  
City-St-Zip: ORLANDO, FL 32835

Title: VD  
Name: HOPSON, DARLYN C  
Address: 1024 CAROLINE COURT  
City-St-Zip: NAPERVILLE, IL 60565

Title: SD  
Name: BAILEY, DEDRA D  
Address: PO BOX 581142  
City-St-Zip: ORLANDO, FL 32858

Title: TD  
Name: LATHON, SHERAINE  
Address: 22403 MILLARD  
City-St-Zip: RICHTON PARK, IL 60471

Title: D  
Name: PRICE, GERTRUDE  
Address: 2301 W. 79TH STREET  
City-St-Zip: CHICAGO, IL 60620

I hereby 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 all other like empowered.

SIGNATURE: DEDRA D. BAILEY

SD

04/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date