

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 17, 2007
Secretary of State

DOCUMENT# N04000006339

Entity Name: LIBERTY BAPTIST CHURCH OF ST JOHN'S COUNTY INC**Current Principal Place of Business:**2220 CR 210, WEST SUITE #108
BOX 117
ST JOHNS, FL 32259**New Principal Place of Business:****Current Mailing Address:**2220 CR 210, WEST SUITE #108
BOX 117
ST JOHNS, FL 32259**New Mailing Address:****FEI Number:** 52-2396602**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAMONDETTA, MICHAEL B
2220 COUNTRY RD 210
WEST STE 108 - BOX 117
ST JOHNS, FL 32259 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: RAMONDETTA, MICHAEL B
Address: 637 SOUTHERN LILY DR
City-St-Zip: ST JOHNS, FL 32259

Title: VPD () Delete
Name: SHOEMAKER, CHARLES T
Address: 637 SOUTHERN LILY DR
City-St-Zip: ST JOHNS, FL 32259

Title: TD () Delete
Name: SPRINGER, JOSEPH G
Address: 637 SOUTHERN LILY DR
City-St-Zip: ST JOHNS, FL 32259

Title: SD () Delete
Name: POPE, PETER
Address: 637 SOUTHERN LILY DR
City-St-Zip: ST JOHNS, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KAVANAUGH, JOEL R
Address: 3060 SANTEE PL
City-St-Zip: ST JOHNS, FL 32259

Title: D (X) Change () Addition
Name: PISCITELLI, PETER B
Address: 2549 STAPLEFORD LN
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D (X) Change () Addition
Name: POPE, PETER G
Address: 1030 GARRISON
City-St-Zip: ST AUGUSTINE, FL 32092

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 B. RAMONDETTA

PD

09/17/2007

Electronic Signature of Signing Officer or Director

Date