## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT .

## Secretary of State **DOCUMENT # N06000007291** 01-29-2007 90078 035 \*\*\*\*61.25 LIBERTY BAPTIST CHURCH OF HILLSBOROUGH COUNTY, INC. Principal Place of Business Mailing Address PO BOX 761 13208 LARAWAY CT RIVERVIEW, FL 33568 RIVERVIEW, FL 33569 2. Principal Place of Business - No P.O. Box # 3. Maiting Address Suite, Act, #, etc. Suite, Apt. #, etc. 01062007 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For QD-3161785 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Corrent Registered Agent 7. Name and Address of New Registered Agent PERRINO, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 13208 LARAWAY CT RIVERVIEW, FL 33569 Zip Code 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 femiliar with, and accept the obligations of registered agent. Signature, typed or primed name of registered agors and title if applicable. DATE (NOTE: Recustored Agent moneture required when remetating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filling Foo is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE Delete TILE Change Addition SMITH, MATTHEW SMITH, MATTHEW NAME 11556 CURWIN ST. STREET ADDRESS 13208 LARAWAY CT STREET ADDRESS RIVERVIEW, FL 33569 CUY-St-ZP CITY-ST-7P GIBSONTON. FL. 33534 ☐ Addition TILE ☐ Deleta TITLE ☐ Clunge SHULAR JOE MAJE NAME STREET ADDRESS 114 PHILLIPS DR STREET ADDRESS CITY-ST-ZP SEFFNER, FL 33584 CITY-ST-ZIP nne Delete TIRE Change Addition BUTCHER, JAMES NALEF MALE STREET ADDRESS 12210 ELNORA OR STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZP CITY-ST-ZP Delete DILE TITLE ☐ Chance ☐ Addition STREET ACCUPIESS STREET ADDRESS CITY-51-70\* CITY-ST-ZIP TITLE ☐ Delete NTLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 011Y-ST-72P ☐ Delete Addition TITLE TITLE ☐ Change NUM NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained 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 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:

FILED Feb 26, 2007 8:00 am