

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18212

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** LIBERTY BAPTIST CHURCH OF ST JOHNS FLORIDA, INC

**Current Principal Place of Business:**

1295 ROBERTS RD  
ST JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

1295 ROBERTS RD  
ST JOHNS, FL 32259

**New Mailing Address:**

**FEI Number:** 59-3714076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMONDETTA, MICHAEL B  
637 SOUTHERN LILY DR  
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: P ( ) Delete  
Name: RAMONDETTA, MICHAEL B  
Address: 637 SOUTHERN LILY DR  
City-St-Zip: ST JOHNS, FL 32259

Title: D (X) Delete  
Name: CROSBY, DARRELL R  
Address: 6550 ST RD 13 N  
City-St-Zip: ST AUGUSTINE, FL 32092

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

Title: D ( ) Delete  
Name: MCGEHEE, CHARLES J  
Address: 2264 ST RD 13  
City-St-Zip: ST JOHNS, FL 32259

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

RA

04/29/2008

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

\_\_\_\_\_  
Date