


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90073 048 \*\*\*150.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N19756</b>					
1. Corporation Name <b>LIBERTY BAPTIST CHURCH OF LAKE CITY, INC.</b>					
Principal Place of Business RT. 10 BOX 948 MARVIN BARNETT RD. LAKE CITY FL 32025			Mailing Address RT. 10 BOX 948 MARVIN BARNETT RD. LAKE CITY FL 32025		

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/20/1987	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2893228	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RAWLINS, JAMES L</b> <b>RT. 10 BOX 948</b> <b>LAKE CITY FL 32025</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAWLINS, JAMES L			1.2 NAME			
STREET ADDRESS	RT. 10 BOX 948			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32025			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, JOHN A			2.2 NAME			
STREET ADDRESS	RT. 7, BOX 601			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32055			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, BRUCE			3.2 NAME			
STREET ADDRESS	RT. 19 BOX 866			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32025			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REEDER, WAYNE			4.2 NAME			
STREET ADDRESS	RT. 15 BOX 85			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32234			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, ROBERT V			5.2 NAME			
STREET ADDRESS	2090 NE 80TH AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS FL 32643			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James L. Rawlins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 (904) 755-4423  
Date Daytime Phone #

CR2E037 (11/98)