


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N33604**  
 1. Entity Name  
**LIBERTY BAPTIST CHURCH OF CALLAHAN, INC.**



Principal Place of Business LIBERTY BAPTIST CHURCH 55045 MT. OLIVE ROAD CALLAHAN, FL 32011 US	Mailing Address LIBERTY BAPTIST CHURCH 55045 MT. OLIVE ROAD CALLAHAN, FL 32011 US
--	--

**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
--	-------------------------------

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 ROBERTSON II, DOLTON W  
 55069 MT. OLIVE ROAD  
 CALLAHAN, FL 32011

**DO NOT WRITE IN THIS SPACE**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, DOLTON W II 55069 MT. OLIVE ROAD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WYLIE, ROBERT 97398 AMY DRIVE YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSH, RICHARD D. 34356 OLD BALDWIN ROAD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROCHAY JR., HOWARD O 44328 NASSAU AVE CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

L00000303193  
 04/13/05-80101-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: *Robertson II, Dolton W* **4/10/05** **(904)-879-5297**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #