

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33604

FILED
Jun 08, 2009
Secretary of State

Entity Name: LIBERTY BAPTIST CHURCH OF CALLAHAN, INC.

Current Principal Place of Business:

LIBERTY BAPTIST CHURCH
55045 MT. OLIVE ROAD
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

LIBERTY BAPTIST CHURCH
55045 MT. OLIVE ROAD
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTSON II, DOLTON W
55069 MT. OLIVE ROAD
CALLAHAN, FL 32011 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: ROBERTSON, DOLTON W II
Address: 55069 MT. OLIVE ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: TD () Delete
Name: WYLIE, ROBERT
Address: 85578 LIL WILLIAM R
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete
Name: MARSH, RICHARD D.
Address: 34356 OLD BALDWIN ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: VD () Delete
Name: ROCHAY JR., HOWARD O
Address: 44328 NASSAU AVE
City-St-Zip: CALLAHAN, FL 32011

Title: () Delete
Name:
Address:
City-St-Zip:

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: VD () Change (X) Addition
Name: COLE, CHARLES M
Address: 55114 JEWEL THOMAS ROAD
City-St-Zip: CALLAHAN, FL 32011

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: CHARLES M. COLE

VD

06/08/2009

Electronic Signature of Signing Officer or Director

_____ Date