2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N46211

Entity Name: LIBERTY COMMUNITY CHURCH, INC.

Current Principal Place of Business:

2759 WYLAM DR
NORTH PORT, FL 34288 US

New Principal Place of Business:

Current Mailing Address:

2759 WYLAM DR
NORTH PORT, FL 34288 US

New Mailing Address:

FEI Number: 65-0299528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENSON, RAYMOND F
420 BLARNEY ST
PORT CHARLOTTE, FL 33954 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:	TRUS	( ) Delete
Name:	WUNDER, FRED	
Address:	23262 LEHIGH AVENUE	
City-St-Zip:	PORT CHARLOTTE, FL 33954	
Title:	TRUS	( ) Delete
Name:	WILSON, PAULA D	
Address:	439 HARBOR BLVD	
City-St-Zip:	PORT CHARLOTTE, FL 33954	
Title:	TRUS	( ) Delete
Name:	DIEDRICK, MELINDA	
Address:	50987 KEARNEY AVE.	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	TREA	( ) Delete
Name:	HEINL, JEAN	
Address:	25043 WATEAU CT	
City-St-Zip:	PUNTA GORDA, FL 33983	

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:	

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: TIM BENSON RA 04/30/2009

Electronic Signature of Signing Officer or Director — Date