## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48430

FILED Apr 30, 2007 Secretary of State

Entity Name: LIBERTY BAPTIST CHURCH, INC. OF HAINES CITY, FLORIDA

Current Principal Place of Business: New Principal Place of Business:

2624 NORTH 10TH STREET HAINES CITY, FL 33844 US

Current Mailing Address: New Mailing Address:

P.O. BOX 786

HAINES CITY, FL 338450786 US

FEI Number: 58-7006166 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JOHNSON, EDWIN K REV
575 LIVE OAK AVE W BLDG
S-301
HAINES CITY, FL 33844 US

JOHNSON, EDWIN K REV
2624 N. 10TH STREET
HAINES CITY, FL 33844 US

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: 04/30/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 JOHNSON, EDWIN K REV
 Name:
 JOHNSON, EDWIN K REV

 Address:
 575 LIVE OAK AVE W BLDG
 Address:
 2624 N. 10TH STREET

 City-St-Zip:
 HAINES CITY, FL 33844 US
 City-St-Zip:
 HAINES CITY, FL 33844 US

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LASKETT, SINCLAIR
 Name:

 Address:
 1502 26TH TERR
 Address:

 City-St-Zip:
 HAINES CITY, FL 33844 US
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FOX, LEWIS
 Name:

 Address:
 2624 N. 10TH STREET
 Address:

 City-St-Zip:
 HAINES CITY, FL 33844 US
 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: EDWIN K JOHNSON P 04/30/2007