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AND
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55 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002336 (5)**

1. Corporation Name

CHRISTIAN LIBERTY CHURCH, INC.

Principal Place of Business

Mailing Address

**5495 CLARCONA-OCOE ROAD
ORLANDO FL 32801**

**5495 CLARCONA-OCOE ROAD
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

05/12/1994

N/A

4. FBI Number

59-3238506

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fees Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HAMMES, BURKE III
5495 CLARCONA-OCOE ROAD
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **ANDERSEN, GARY**
STREET ADDRESS **395 E. CITRUS STREET**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **PD**
NAME **HAMMES, BURKE III**
STREET ADDRESS **1666 CHESTNUT AVENUE**
CITY - ST - ZIP **WINTER PARK FL 32789**

TITLE **STD**
NAME **WOLFE, ROBERT**
STREET ADDRESS **601 SPRINGVALLEY ROAD**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition
15 NAME
16 STREET ADDRESS
17 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☒ Addition
42 NAME **D**
43 STREET ADDRESS **RICK CORLEY**
44 CITY - ST - ZIP **730 Thistle Lane**
Maitland, Florida 32751

51 TITLE ☐ Change ☒ Addition
52 NAME **D**
53 STREET ADDRESS **DIXIE THOMPSON**
54 CITY - ST - ZIP **382 GROVE COURT**
WINTER GARDEN, FLORIDA 32787

61 TITLE ☐ Change ☒ Addition
62 NAME **D**
63 STREET ADDRESS **ROB ANDREWS**
64 CITY - ST - ZIP **1320 E. WOODLAND ST.**
ORLANDO, FLORIDA 32806

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information reflected 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary N. Andersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Andersen Vice President

CHRISTIAN LIBERTY CHURCH

4/30/95 (407) 322-6814

Signature #