

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000002336 (5)

1. Corporation Name

CHRISTIAN LIBERTY CHURCH, INC.



Principal Place of Business

5495 CLARCONA-OCOEE ROAD  
ORLANDO FL 32801

Mailing Address

5495 CLARCONA-OCOEE ROAD  
ORLANDO FL 32801

3. Date Incorporated or Qualified  
05/12/1994

3a. Date of Last Report  
05/01/1995

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

4. FEI Number  
59-3238506

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMES, BURKE III  
5495 CLARCONA-OCOEE ROAD  
ORLANDO FL 32801

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME ANDERSEN, GARY  
STREET ADDRESS 396 E. CITRUS STREET 345 E. Citrus St  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME GEORGE, HOWARD  
1.3 STREET ADDRESS 938 LaSalle Avenue  
1.4 CITY-ST-ZIP Orlando, FL 32803

TITLE PD ☐ DELETE  
NAME HAMMES, BURKE III  
STREET ADDRESS 4666 CHESTNUT AVENUE 338 North Lake Ave  
CITY-ST-ZIP WINTER PARK FL 32789 Apopka, FL 32703

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME HOWARD, ROBERT  
2.3 STREET ADDRESS 930 Lancaster Drive  
2.4 CITY-ST-ZIP Orlando, FL 32806

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

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME MILLER, ROBERT  
3.3 STREET ADDRESS 411 WHITE OAK CIRCLE  
3.4 CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☒ DELETE  
NAME CORLEY, RICK  
STREET ADDRESS 730 THISTLE LANE  
CITY-ST-ZIP MAITLAND FL

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME NELSON, KENNETH  
4.3 STREET ADDRESS 5068 Stone Harbour Road  
4.4 CITY-ST-ZIP Orlando, FL 32808

TITLE D ☐ DELETE  
NAME THOMPSON, DIXIE  
STREET ADDRESS 382 GROVE COURT  
CITY-ST-ZIP WINTER GARDEN FL

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME SVOBODA, NORMAN  
5.3 STREET ADDRESS 100 WAX MYRTLE LANE  
5.4 CITY-ST-ZIP LONGWOOD, FL 32779

TITLE D ☐ DELETE  
NAME ANDREWS, ROB  
STREET ADDRESS 1320 E. WOODLAND STREET  
CITY-ST-ZIP ORLANDO FL

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME WESTFALL, PAUL  
6.3 STREET ADDRESS 601 FAITH TERRACE  
6.4 CITY-ST-ZIP MAITLAND, FL 32751

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 617, 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 4/22/96 (407) 322-6814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

13. ADDITIONS TO DIRECTORS IN 12  
7.1D

7.2 Knox, George

7.3 840 Errol Parkway

7.4 Apopka, FL 32712