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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32810-40573. Date Incorporated or Qualified
05/12/19943a. Date of Last Report
04/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

24 Zip 32810

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

4. FEI Number

59-3238506

Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

HAMMES, BURKE III
5495 CLARCONA-OCOEE 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 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

TITLE VD ☐ DELETE
NAME ANDERSEN, GARY
STREET ADDRESS 345 E CITRUS ST
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE PD ☐ DELETE
NAME HAMMES, BURKE III
STREET ADDRESS 338 NORTH LAKE AVE
CITY-ST-ZIP APOPKA FLTITLE STD ☐ DELETE
NAME WOLFE, ROBERT
STREET ADDRESS 601 SPRINGVALLEY ROAD
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE D ☐ DELETE
NAME GEORGE, HOWARD
STREET ADDRESS 938 LASALLE AVE
CITY-ST-ZIP ORLANDO FLTITLE D ☐ DELETE
NAME THOMPSON, DIXIE
STREET ADDRESS 382 GROVE COURT
CITY-ST-ZIP WINTER GARDEN FLTITLE D ☐ DELETE
NAME ANDREWS, ROB
STREET ADDRESS 1320 E. WOODLAND STREET
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert A. Wolfe

4/25/97

407 869 9953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017141

CP2E037 (9/96)