

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004196 (1)

1. Corporation Name

LIBERTY EVANGELISTIC MINISTRIES, INC.



Principal Place of Business

1209 NORTH LANE AVENUE
JACKSONVILLE FL 32254

Mailing Address

1209 NORTH LANE AVENUE
JACKSONVILLE FL 32254

3. Date Incorporated or Qualified

08/24/1994

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3266463

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

MOORE, JOHN
1209 NORTH LANE AVENUE
JACKSONVILLE FL 32254

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	D	<input type="checkbox"/> DELETE
NAME	MOORE, JOHN	
STREET ADDRESS	6714 JOLENE DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, ED	
STREET ADDRESS	3222 WALTER ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, DOUGLAS	
STREET ADDRESS	8821 QUAIL ROOST TRAIL	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, FRANK	
STREET ADDRESS	6539 TOWNSEND ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, CRYSTAL	
STREET ADDRESS	4406 LANE AVENUE SOUTH	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sandra Moore	
1.3 STREET ADDRESS	6714 Joleene Dr.	
1.4 CITY - ST - ZIP	SAX. FL. 32219	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James Drury	
2.3 STREET ADDRESS	7110 Dunn Ave	
2.4 CITY - ST - ZIP	SAX. FL. 32219	
3.1 TITLE	V - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Edward M. Treadwell	
3.3 STREET ADDRESS	318 W. Drew St	
3.4 CITY - ST - ZIP	Baldwin Fl. 32234	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Johnny Dees	
4.3 STREET ADDRESS	6539 8821 Quail Roost Trail	
4.4 CITY - ST - ZIP	SAX. FL. 32221	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

John L. Moore Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1996

904-264-5333

Daytime Phone

CR2E037 (12/95)