


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P15912**  
 1. Entity Name  
 LIBERAL CATHOLIC CHURCH, A CORPORATION



Principal Place of Business      Mailing Address  
 %BISHOP WILLIAM O. ROBERTS      %BISHOP WILLIAM O. ROBERTS  
 2930 EAST SABLE CIRCLE      2930 EAST SABLE CIRCLE  
 MARGATE, FL 33063      MARGATE, FL 33063

**DO NOT WRITE IN THIS SPACE**



03182005 No Chg.-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 95-6048465      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROBERTS, WILLIAM O  
 2930 E. SABLE CIRCLE  
 MARGATE, FL 33063

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8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: William O. Roberts      March 18, 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, WILLIAM O
STREET ADDRESS	2930 EAST SABLE CIRCLE
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	V
NAME	ROBERTS, JAMES P
STREET ADDRESS	147 WEST 144TH STREET
CITY - ST - ZIP	NEW YORK, NY 10030
TITLE	S/T
NAME	ROBERTS, SANDRA H
STREET ADDRESS	2930 EAST SABLE CIRCLE
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	D
NAME	JENKINS, HELEN M.
STREET ADDRESS	2911 SCOTTWOOD AVE
CITY - ST - ZIP	TOLEDO, OH
TITLE	D
NAME	CHARLES, CHRISTINE
STREET ADDRESS	1116 NW 46TH AVENUE
CITY - ST - ZIP	LAUDERHILL, FL 33313
TITLE	D
NAME	ROBINSON, ROSEMARY H
STREET ADDRESS	2780 SOUTH OAKLAND FOREST DRIVE #1306
CITY - ST - ZIP	OAKLAND PARK, FL 33309

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 03/21/05-80057-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: William O. Roberts      March 18, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Expiration Period