

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002294

**Entity Name:** LIBERTY CHRISTIAN FELLOWSHIP MINISTRIES, INC.

**Current Principal Place of Business:**

3950 CONFEDERATE POINT RD.  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

2483 PARIS MILL RD.  
JACKSONVILLE, FL 32221

**FEI Number: 83-3381618**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

KITCHEN, NATASHA  
2483 PARIS MILL RD.  
JACKSONVILLE, FL 32221 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name KITCHEN, DERWIN  
Address 2483 PARIS MILL RD.  
City-State-Zip: JACKSONVILLE FL 32221

Title VP  
Name KITCHEN, NATASHA  
Address 2483 PARIS MILL RD.  
City-State-Zip: JACKSONVILLE FL 32221

Title D  
Name ARNEZ SMITH, CASSANDRA  
Address 11052 HAWS LANE  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name HOWZE, JAYSHANNA  
Address 9994 ROSEWOOD GLEN LN  
City-State-Zip: JACKSONVILLE FL 32219

Title D  
Name SANDERS, GEORGE W  
Address 6501 HOMES AVE., APT. #205  
City-State-Zip: TAMPA FL 33614

Title DIRECTOR  
Name JONES, SAMETHIA  
Address 6926 PLAYPARK TRAIL  
City-State-Zip: JACKSONVILLE FL 32244

Title DIRECTOR  
Name VONEATHIA, HARTLEY  
Address 6017 CRANBERRY LANE EAST  
City-State-Zip: JACKSONVILLE FL 32244

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NATASHA KITCHEN**

**VP**

**04/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date