

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006332

FILED  
May 02, 2007  
Secretary of State

Entity Name: LIBERATORS FOR CHRIST MINISTRIES, INC.

**Current Principal Place of Business:**

211 W. FLORIBRASKA AVE.  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 360278  
TAMPA, FL 336730278

**New Mailing Address:**

P.O. BOX 472705  
AURORA, CO 800472705

FEI Number: 84-1513736      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SCOTT, RENEE L.  
211 W. FLORIBRASKA AVE.  
TAMPA, FL 33603      US

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

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

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: SCOTT, RENEE L.  
Address: 211 W. FLORIBRASKA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: VC      ( ) Delete  
Name: SCOTT, EARL R.  
Address: 211 W. FLORIBRASKA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: D      ( ) Delete  
Name: MILLER, BONNIE  
Address: 516 2ND AVE. SE  
City-St-Zip: LUTZ, FL 33549

Title: P      ( ) Delete  
Name: MARCHMAN, DIANNE  
Address: 1305 FOUR SEASONS BLVD.  
City-St-Zip: TAMPA, FL 33613

Title: S      ( ) Delete  
Name: WALTON, KATHERINE  
Address: 211 W. FLORIBRASKA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: T      ( ) Delete  
Name: KITE, THERESA  
Address: 1111 SAMY  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RENEE L. SCOTT

C

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date