

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02759

FILED
Aug 22, 2006
Secretary of State

Entity Name: LIBERTY MINISTRIES INCORPORATED

Current Principal Place of Business:

2027 EYKIS CT
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

2027 EYKIS CT
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 05-0593808 **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:

Name and Address of New Registered Agent:

BRADY, EMILE J JR.
2027 EYKIS CT
TALLAHASSEE, FL 32317 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRADY, EMILE J JR.
Address: 2070 EYKIS CT
City-St-Zip: TALLAHASSEE, FL 32317

Title: VD () Delete
Name: BRADY, KATHLEEN A
Address: 2027 EYKIS CT.
City-St-Zip: TALLAHASSEE, FL 32317

Title: STD () Delete
Name: BRITON, GEORGE
Address: 902 TALBOT LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: RHODES, DAVID H
Address: 2858 REMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: EMIL J BRADY

PRES

08/22/2006

Electronic Signature of Signing Officer or Director

Date