2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N05000000153

Entity Name: LIBERIAN MINISTRIES, INC.

Current Principal Place of Business:

1325 PARRISH RD.
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 944
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 83-0417256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, DURA
2303 BOSWELL RD.
BONIFAY, FL 32425 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: PDC ( ) Delete
Name: HADLEY, CARL R
Address: 903 N RANGELINE
City-St-Zip: BONIFAY, FL 32425

Title: VD ( ) Delete
Name: EDWARDS, RODNEY
Address: 3222 W JEFFERSON PIKE
City-St-Zip: MURFREESBORO, TN 37129

Title: D ( ) Delete
Name: PARRISH, WILLIAM K
Address: 1325 PARRISH RD.
City-St-Zip: BONIFAY, FL 32425

Title: T ( ) Delete
Name: WILLIAMS, DURA
Address: 2303 BOSWELL
City-St-Zip: BONIFAY, FL 32425

Title: S ( ) Delete
Name: PARRISH, VIRGINIA
Address: 3125 PARRISH RD.
City-St-Zip: BONIFAY, FL 32425

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: S (X) Change ( ) Addition
Name: PARRISH, VIRGINIA
Address: 1325 PARRISH RD.
City-St-Zip: BONIFAY, FL 32425

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: CARL HADLEY PDC 02/23/2009

Electronic Signature of Signing Officer or Director — Date