

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006332

**FILED**  
**Mar 03, 2018**  
**Secretary of State**  
**CC7495477449**

**Entity Name:** LIBERATORS FOR CHRIST MINISTRIES, INC.

**Current Principal Place of Business:**

211 W. FLORIBRASKA AVE.  
TAMPA, FL 33603

**Current Mailing Address:**

P.O. BOX 472705  
AURORA, CO 80047-2705

**FEI Number:** 84-1513736

**Certificate of Status Desired:** No

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

SCOTT, RENEE L.  
211 W. FLORIBRASKA AVE.  
TAMPA, FL 33603 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 C  
Name SCOTT, RENEE L.  
Address 211 W. FLORIBRASKA AVE.  
City-State-Zip: TAMPA FL 33603

Title VC  
Name WILBURN , ANNETTE W  
Address 706 W HALL ST  
City-State-Zip: AVON PARK FL 33825

Title T  
Name SCOTT, EARL R  
Address 211 W. FLORIBRASKA AVE  
City-State-Zip: TAMPA FL 33603

Title P  
Name MARCHMAN, DIANNE  
Address 1305 FOUR SEASONS BLVD.  
City-State-Zip: TAMPA FL 33613

Title S  
Name WALTON, KATHERINE  
Address 211 W. FLORIBRASKA AVE.  
City-State-Zip: TAMPA FL 33603

Title D  
Name MCALLISTER, ELIOSE  
Address 1400 OLD BARTOW EAGLE LAKE RD  
#3103  
City-State-Zip: BARTOW FL 33830

*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:** RENEE L. SCOTT

**CH**

**03/03/2018**

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

\_\_\_\_\_  
Date