

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 08, 2005  
Secretary of State**

DOCUMENT# 719786

Entity Name: LIBERTY CHRISTIAN ENTERPRISES, INC.

**Current Principal Place of Business:**

9501 FOURTH STREET NORTH  
ST PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

9501 FOURTH STREET NORTH  
ST PETERSBURG, FL 33702

**New Mailing Address:**

FEI Number: 59-1509657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LOWE, J.L.  
2900 COVE CAY, #1A  
CLEARWATER, FL 34620      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: TD      ( ) Delete  
Name: NICHOLS, RONALD A  
Address: 5269 - 28 AVE, NORTH  
City-St-Zip: ST PETERSBURG, FL

Title: PD      ( ) Delete  
Name: LOWE, JAMES L.,  
Address: 2900 COVE CAY DR., #1A  
City-St-Zip: CLEARWATER, FL

Title: SD      ( ) Delete  
Name: BURKE, BEVERLY A,  
Address: 6466-59 LANE  
City-St-Zip: PINELLAS PARK, FL

Title: V      ( ) Delete  
Name: LOWE, SHIRLEY K  
Address: 2900 COVE CAY DR #1A  
City-St-Zip: CLEARWATER, FL

**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 Section 119.07(3)(i), 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: BEVERLY A. BURKE

SECR

02/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date