

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719786

FILED
Apr 18, 2009
Secretary of State

Entity Name: LIBERTY CHRISTIAN ENTERPRISES, INC.

Current Principal Place of Business:

9501 FOURTH STREET NORTH
ST PETERSBURG, FL 33702

New Principal Place of Business:

9401 FOURTH STREET NORTH
ST PETERSBURG, FL 33702

Current Mailing Address:

9501 FOURTH STREET NORTH
ST PETERSBURG, FL 33702

New Mailing Address:

9401 FOURTH STREET NORTH
ST PETERSBURG, FL 33702

FEI Number: 59-1509657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: HUBBARD, JAMES E
Address: 7372 - 20TH STREET, NORTH
City-St-Zip: ST PETERSBURG, FL 33702 US

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

Title: SD () Delete
Name: WILSON SR, FRANCIS R
Address: 1875 69TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33702 US

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 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: KATHLEEN A BELLAS

CPA

04/18/2009

Electronic Signature of Signing Officer or Director

Date