2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2008
Secretary of State

DOCUMENT# F06000006332

Entity Name: LIBERATORS FOR CHRIST MINISTRIES, INC.

Current Principal Place of Business:

211 W. FLORIBRASKA AVE.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 472705
AURORA, CO 800472705

New Mailing Address:

FEI Number: 84-1513736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, RENEE L.
211 W. FLORIBRASKA AVE.
TAMPA, FL 33603 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: C ( ) Delete
Name: SCOTT, RENEE L.
Address: 211 W. FLORIBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: VC ( ) Delete
Name: SCOTT, EARL R.
Address: 211 W. FLORIBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: MILLER, BONNIE
Address: 516 2ND AVE. SE
City-St-Zip: LUTZ, FL 33549

Title: P ( ) Delete
Name: MARCHMAN, DIANNE
Address: 1305 FOUR SEASONS BLVD.
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete
Name: WALTON, KATHERINE
Address: 211 W. FLORIBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: T ( ) Delete
Name: KITE, THERESA
Address: 1111 SAMY
City-St-Zip: TAMPA, FL 33613

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: NEAL-ALI, HELEN
Address: 3022 BARNHARD DR APT
City-St-Zip: TAMPA, FL 33613

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: RENEE L. SCOTT C 02/10/2008

Electronic Signature of Signing Officer or Director — Date