

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000004793 (2)

1. Corporation Name

THE AMERICAN CHRISTIAN LIBERTY FOUNDATION, INC.

98 SEP -8 AM 11:45

SECRETARY OF STATE



Principal Place of Business 5259 WEST OAKRIDGE RD. ORLANDO FL 32819-9408	Mailing Address 5259 WEST OAKRIDGE RD. ORLANDO FL 32819-9408
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3. Date Incorporated or Qualified 09/12/1997	4. FEI Number 58-1844633	Applied For Not Applicable
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2. Principal Place of Business 21 4630 S. KIRKMAN RD. #612 22 RD. #612 23 ORLANDO FL 24 32811	2a. Mailing Address 26 SAME 27 28 29 30
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent ERNST, RICK C 5259 WEST OAKRIDGE RD. ORLANDO FL 32819-9408	10. Name and Address of New Registered Agent 81 Name RICK C. ERNST 82 Street Address (P.O. Box Number is Not Acceptable) 4630 S. KIRKMAN RD #612 83 84 City ORLANDO FL 85 Zip Code 32811
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11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 7/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
NAME	SHAW, JOHN L	1.2 NAME	4630 S. KIRKMAN RD
STREET ADDRESS	5259 WEST OAKRIDGE RD.	1.3 STREET ADDRESS	#612 ORLANDO FL 32811
CITY-ST-ZIP	ORLANDO FL 32819-9408	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
NAME	MURRAY, RAY	2.2 NAME	4630 S. KIRKMAN RD
STREET ADDRESS	5259 WEST OAKRIDGE RD.	2.3 STREET ADDRESS	#612
CITY-ST-ZIP	ORLANDO FL 32819-9408	2.4 CITY-ST-ZIP	ORLANDO FL 32811
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
NAME	ERNST, RICK C	3.2 NAME	4630 S. KIRKMAN RD
STREET ADDRESS	5259 WEST OAKRIDGE RD.	3.3 STREET ADDRESS	#612
CITY-ST-ZIP	ORLANDO FL 32819-9408	3.4 CITY-ST-ZIP	ORLANDO FL 32811
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
NAME		4.2 NAME	200002637652-3
STREET ADDRESS		4.3 STREET ADDRESS	-09/11/98-01083-003
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 7/13/98 407-345-4900