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).

NONPROFIT CORPORATION ANNUAL REPORT	Sandra B	PIMENT OF STATE  Mortham  of State		
1998		CORPORATIONS		_
DOCUMENT # F9700004793 (2)			98 SEP - 8 AM 11: 4	. •
THE AMERICAN CHRISTIAN LIBERTY FOUNDATION, INC.			SECRETARY OF STAT	TE Militaria consensario de consensario
Principal Place of Business	Mailing Address			(9)11 8481) (9819 18188 1111 1941
5259 WEST OAKRIDGE RD. ORLANDØ EL 32819-9408	5259 WEST PAKRIDGE RD ORLANDO FL 32819-9408	<b>)</b> .	Date Incorporated or Qualified     09/12/1997	
	1.		4. FEI Number	Applied For
2. Principal Place of Business	2a. Malling Address		58-1844633  5. Certificate of Status Desired	Not Applicable \$8.75 Additional
21 4630 5. KIRK MAN	26 SAM 4	<u> </u>		Fee Required
Suite, Apt. #, etc. 22 Rb - # G/2	Sulte, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State City & State 28			7. Is this nonprofit corporation a homeowne	rs rssociation?
Zip Country	Zip	Country 30	This corporation owes or has paid the out     Personal Property Tax due June 30.	rrent year Intangible Yes No
9. Name and Address of Current			10. Name and Address of New Registered	
81 81			ick C. ERNST	
ERNSÍT, RICK C 5259 WEST OAKRIDGE RD.			ress (P.O. Box Number is Not Acceptable)	46/2
ORLANDO FL 32819-9408			· · · · · · · · · · · · · · · · · · ·	
`		84 City OR	/ANDO FL	
11. Pursuant to the provisions of sections 617.0502 are office or registered agent, or both, in the State of	nd 617.1508, Florida Statutes, Florida. Such change was au	the above-named corporation	ation submits this statement for the purpose of <b>c</b> han's board of directors. I hereby accept the app <b>oi</b> n	anging its registered itment as registered
agent. I am familiar with, and accept the obligatio	ins of, section 617.0503, Flori	da Statutes.		
SIGNATURE			7/13/	78
SIGNATURE Signature, typed get/finted name of registered agent at 12.  OFFICERS AND		TE: Registered Agent signature requ	ulred when reinslating)  ADDITIONS/CHANGES TO OFFICERS A	78" ND DIRECTORS IN 12
Signature, typed graffinted name of registered agent a  12. OFFICERS AND  TITLE 0		TE: Registered Agent signature requirements 13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
Signature, typed confirmed name of registered agent a  12. OFFICERS AND	DIRECTORS	TE: Registered Agent signature requirements 13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
Signature, typed godfinted name of registered apent a  12. OFFICERS AND  TITLE SHAW, JOHN L  STREET ADDRESS 5259 WEST OAKRIDGE RD.  CITY-ST-ZIP ORLANDO FL 32819-9408	DIRECTORS  DELETE	TE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AT SHAWE SHAWE BY A SO S. KIMICHAN R. B. 612 OR/ANDS F(. 32)	Change Addition
Signature, typed godfinted name of registered apent a  12. OFFICERS AND  TITLE  NAME  SHAW, JOHN L  STREET ADDRESS 5259 WEST OAKRIDGE RD.	DIRECTORS	TE: Registered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AT 18 18 18 18 18 18 18 18 18 18 18 18 18	Change Addition
Signature, type to seffinted name of registered aport a  12. OFFICERS AND  TITLE  NAME  SHAW, JOHN L  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32819-9408  TITLE  NAME  MURRAY, RAY  STREET ADDRESS  5259 WEST OAKRIDGE RD.	DIRECTORS  DELETE	TE: Registered Agent algositure required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS AT 1630 S. KIMIKUW RB 612 OR/ANDO F(. 32)  # 612 OR/ANDO F(. 32)  # 612	Change Addition  Change Addition  Change Addition
Signature, typed perfinted name of registered aport a  12. OFFICERS AND  TITLE  NAME  SHAW, JOHN L  STREET ADDRESS  CITY-ST-ZIP  NAME  MURRAY, RAY  STREET ADDRESS  CITY-ST-ZIP  NAME  MURRAY, RAY  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32819-9408  TITLE  ORLANDO FL 32819-9408	DIRECTORS  DELETE	TE: Registered Agent algositure required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-BREET ADDRESS 2.4 CITY-BREET ADDRESS 3.4 CITY-BREET ADDRESS 3.5 TITLE	ADDITIONS/CHANGES TO OFFICERS AT 1630 S. KIMIKUW RB 612 OR/ANDO F(. 32)  # 612 OR/ANDO F(. 32)  # 612	Change Addition  Change Addition  Change Addition
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Signature, type to seffinted name of registered apperts  12. OFFICERS AND  TITLE  NAME  SHAW, JOHN L  STREET ADDRESS  CITY.ST-ZIP  TITLE  NAME  MURRAY, RAY  STREET ADDRESS  CITY.ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY.ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY.ST-ZIP  CRIANDO FL 32819-9408  TITLE  NAME  STREET ADDRESS  CITY.ST-ZIP  ORLANDO FL 32819-9408  CITY.ST-ZIP  ORLANDO FL 32819-9408	DELETE  DELETE  DELETE	TE: Registered Agent algnature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SB 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AT SHOULD FILL SHAW. 6305. KMKMW RB 612 OR/ANDO FIL 329 #612 ORIANDO FIL 328 Y6305. KMKMW R	Change Addition  Change Addition  Change Addition  Change Addition
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