


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90143 038 ****70.00

DOCUMENT # N00000001138 1. Entity Name ALLIANCE OF LIBERATED CHURCHES, INC.					
Principal Place of Business 1541 EAST HWY 90 DEFUNIAK SPRINGS, FL 32433			Mailing Address PO BOX 39 DEFUNIAK SPRINGS, FL 32435		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3624014	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLACKMON, WILLIE JR. 1549 EAST HWY. 90 DEFUNIAK SPRINGS, FL 32433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMON, WILLIE PRES. <input type="checkbox"/> Delete 1549 EAST HWY 90 DEFUNIAK SPRINGS, FL 32433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, NELSON V. PRES <input type="checkbox"/> Delete 785 FLOWERSVIEW W BLVD. LAUREL HILL, FL 32567		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALDSON, BOBBIE J SECY <input type="checkbox"/> Delete 5458 COLLINS CHAPEL RD. MALONE, FL 32445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donaldson, Bobbie J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5458 Collins Chapel Rd Malone, FL 32445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODEN, DEBRA A MEMBER <input type="checkbox"/> Delete 2947 NEW HPOE RD. MARIANNA, FL 32447		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BUSH, DOUGLAS TRUSTEE <input checked="" type="checkbox"/> Delete 329 BUSH RD. BONIFAY, FL 32425		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MASON, SHANE TRUSTEE <input checked="" type="checkbox"/> Delete 3153 COUNTY HWY 185 PONCE DELEON, FL 32455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Willie Blackmon Jr.</u> 14 March 05 850-951-2550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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