

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 29, 2005
Secretary of State

DOCUMENT# N00000001138

Entity Name: ALLIANCE OF LIBERATED CHURCHES, INC.**Current Principal Place of Business:**1541 EAST HWY 90
DEFUNIAK SPRINGS, FL 32433**New Principal Place of Business:****Current Mailing Address:**PO BOX 39
DEFUNIAK SPRINGS, FL 32435**New Mailing Address:****FEI Number:** 59-3624014**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLACKMON, WILLIE JR.
1549 EAST HWY. 90
DEFUNIAK SPRINGS, FL 32433 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: D () Delete
Name: BLACKMON, WILLIE PRES.
Address: 1549 EAST HWY 90
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: WILLIAMS, NELSON V. PRES
Address: 785 FLOWERSVIEW W BLVD.
City-St-Zip: LAUREL HILL, FL 32567

Title: D () Delete
Name: DONALDSON, BOBBIE J.
Address: 5458 COLLINS CHAPEL RD.
City-St-Zip: MALONE, FL 32445

Title: D () Delete
Name: WOODEN, DEBRA A MEMBER
Address: 2947 NEW HPOE RD.
City-St-Zip: MARIANNA, FL 32447

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 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 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: WILLIE BLACKMON, JR.

PRES

08/29/2005

Electronic Signature of Signing Officer or Director

Date