

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90189 015 ****61.25

DOCUMENT # N01000007514

1. Entity Name

LIBERTY IN CHRIST MINISTRIES, INC.



Principal Place of Business

646 WEST 8TH STREET
LAKELAND FL 33805

Mailing Address

646 WEST 8TH STREET
LAKELAND FL 33805



2. Principal Place of Business

262 Lake Thomas DR

Suite, Apt. #, etc.

3. Mailing Address

262 Lake Thomas DR

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Winter Haven FL

City & State

Winter Haven FL

4. FEI Number

59-3752146

Applied For

Not Applicable

Zip

Country

33880-7113

U.S.A.

Zip

Country

33880-7113

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GHENT, FRANK JR	
STREET ADDRESS	646 WEST 8TH STREET	
CITY-ST-ZIP	LAKELAND FL 33805	

TITLE	D	<input type="checkbox"/> Delete
NAME	GHENT, IRENE	
STREET ADDRESS	646 WEST 8TH STREET	
CITY-ST-ZIP	LAKELAND FL 33805	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GHENT, CLEVON L	
STREET ADDRESS	646 WEST 8TH STREET	
CITY-ST-ZIP	LAKELAND FL 33805	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ashley R. Ghent	
STREET ADDRESS	2850 New Tampa Hwy Lot #98	
CITY-ST-ZIP	Lakeland FL, 33815	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Frank Ghent Jr. *Frank Ghent Jr.*

4-25-2006

(863) 299-1516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #