


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90042 029 \*\*\*\*61.25

<b>DOCUMENT #</b> N01000007514	
<b>1. Entity Name</b> LIBERTY IN CHRIST MINISTRIES, INC.	

<b>Principal Place of Business</b> 262 LAKE THOMAS DR WINTER HAVEN FL 33880-7113	<b>Mailing Address</b> 262 LAKE THOMAS DR WINTER HAVEN FL 33880-7113
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<b>2. Principal Place of Business - No P.O. Box #</b> 502	<b>3. Mailing Address</b> P.O. Box 91012
<b>Suite, Apt. #, etc.</b> Sidney Circle	<b>Suite, Apt. #, etc.</b>

1st MOORE CR2E037 (10/06)

<b>City &amp; State</b> Winter Haven, Florida	<b>City &amp; State</b> Lakeland, Florida
<b>Zip</b> 33880	<b>Zip</b> 33804-1012
<b>Country</b> Polk	<b>Country</b> Polk

<b>4. FEI Number</b> 59-3752146	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> GHENT, FRANK JR	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 646 WEST 8TH STREET	<b>CITY-ST-ZIP</b> LAKELAND FL 33805	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> D	<b>NAME</b> GHENT, IRENE	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 646 WEST 8TH STREET	<b>CITY-ST-ZIP</b> LAKELAND FL 33805	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> STD	<b>NAME</b> GHENT, ASHLEY R	<b>TITLE</b> S	<b>NAME</b> TITLE
<b>STREET ADDRESS</b> 2850 NEW TAMPA HWY LOT 98	<b>CITY-ST-ZIP</b> LAKELAND FL 33815	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b> CT	<b>NAME</b> Juneffie Youngblood
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b> 815 Providence Reserve Loop, Apt. 302	<b>CITY-ST-ZIP</b> Lakeland, Florida 33805
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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 Frank Ghent May 23, 2007 (863) 299-1516