2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N02000003092

Entity Name: EXODUS LIBERATION CORPORATION

Current Principal Place of Business:

654 WHEELING AVE.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

654 WHEELING AVE.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3618008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, FAIROLYN
1835 ALBERT LEEK PKWY.
WINTER PARK, FL 32789 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: DP ( ) Delete
Name: FERGUSON, DAVID L
Address: 654 WHEELING AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: ROBINSON, ROXWELL
Address: 972 WINDSONG CIR.
City-St-Zip: APOPKA, FL 32703

Title: DV ( ) Delete
Name: GARDNER, ANGIE
Address: 535 BERTHANN LANE
City-St-Zip: EATONVILLE, FL 32751

Title: T ( ) Delete
Name: SLAUGHTER, EVANGELINE
Address: 121 PLYMOUTH AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 exemption stated in Chapter 119, 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: DAVID L. FERGUSON DP 04/28/2009

Electronic Signature of Signing Officer or Director — Date