2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# N03000010427

Entity Name: LIBERTY HOME LOAN CHARITABLE HOUSING CORPORATION

Current Principal Place of Business:

3030 N ROCKY POINT DR
SUITE 820
TAMPA, FL 33607

New Principal Place of Business:

3030 N ROCKY POINT DR
SUITE 530
TAMPA, FL 33607

Current Mailing Address:

3030 N ROCKY POINT DR
SUITE 820
TAMPA, FL 33607

New Mailing Address:

3030 N ROCKY POINT DR
SUITE 530
TAMPA, FL 33607

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FREDERICK, TIMOTHY S
10502 BRENTFORD DR
TAMPA, FL 33626 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: P ( ) Delete
Name: FREDERICK, TIMOTHY S
Address: 10502 BRENTFORD DR
City-St-Zip: TAMPA, FL 33626

Title: V ( ) Delete
Name: CAPEN, STEVEN J
Address: 5259 WHITE SANDS CIR NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: S ( ) Delete
Name: FREDERICK, SUSAN L
Address: 10502 BRENTFORD DR
City-St-Zip: TAMPA, FL 33626

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:

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: TIMOTHY S. FREDERICK P 07/05/2005

Electronic Signature of Signing Officer or Director — Date