2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49599

FILED Apr 29, 2005 Secretary of State

Entity Name: LIBERTY CHRISTIAN CENTRE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

3130 NW 106 AVE

CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

3130 NW 106 AVE

CORAL SPRINGS, FL 33065 US

FEI Number: 65-0443189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONNIE N. EWART 3130 N.W. 106 AVE

CORAL SPRINGS, FL 33065 US

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
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 PD () Delete

 Name:
 EWART, ALLAN A

 Address:
 3130 N.W. 106 AVE

City-St-Zip: CORAL SPRINGS, FL 33065

 Title:
 D
 () Delete

 Name:
 EWART, CONNIE N

 Address:
 3130 N.W. 106TH AVENUE

City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete

Name: CARTER, CARL E
Address: 119 PORT DRIVE
City-St-Zip: MADISON, TN

Title: D () Delete
Name: PRIDGEON, PAMELA A
Address: BARBARA AVENUE

City-St-Zip: CROSS CITY, FL

Title: PD (X) Change () Addition

Name: EWART, ALLAN A Address: 3130 N.W. 106 AVE

City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D (X) Change () Addition

Name: EWART, CONNIE N
Address: 3130 N.W. 106TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D (X) Change () Addition

Name: CARTER, CARL E Address: 119 PORT DRIVE City-St-Zip: MADISON, TN US

Title: D (X) Change () Addition

Name: EWART, PAMELA E Address: 4660 SW 56 ST

City-St-Zip: TRENTON, FL 32693 US

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: ALLAN A. EWART PD 04/29/2005