

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006325

FILED
Apr 28, 2009
Secretary of State

Entity Name: AMERICAN LIBERTIES INSTITUTE, INC.

Current Principal Place of Business:

234 NORTH WESTMONTE DRIVE
SUITE 3000
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

11911 EGRET BLUFF
CLERMONT, FL 34711 US

Current Mailing Address:

P.O. BOX 547503
ORLANDO, FL 32854 US

New Mailing Address:

FEI Number: 59-3309465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, FREDERICK H
234 NORTH WESTMONTE DRIVE
SUITE 3000
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

NELSON, FREDERICK H
11911 EGRET BLUFF
CLERMONT, FL 34711 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: _____

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITEN, RAY
Address: 122 ACRE ESTATES
City-St-Zip: TOCCOA, GA 30577 US

Title: DP () Delete
Name: NELSON, FREDERICK H
Address: 234 NORTH WESTMONTE DRIVE, SUITE 3000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D () Delete
Name: ERIKSEN, JAMES
Address: 10333 LA VINE AVENUE
City-St-Zip: ALTA LOMA, CA 91701 US

Title: VP () Delete
Name: NELSON, SATU E
Address: 234 NORTH WESTMONTE DRIVE, SUITE 3000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: NELSON, FREDERICK H
Address: 11911 EGRET BLUFF
City-St-Zip: CLERMONT, FL 34711 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NELSON, SATU E
Address: 11911 EGRET BLUFF
City-St-Zip: CLERMONT, FL 34711 US

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: FREDERICK H. NELSON

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date