

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006325

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN LIBERTIES INSTITUTE, INC.

**Current Principal Place of Business:**

11911 EGRET BLUFF  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 547503  
ORLANDO, FL 32854 US

**New Mailing Address:**

P.O. BOX 547503  
ORLANDO, FL 32854

**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  
11911 EGRET BLUFF  
CLERMONT, FL 34711 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: D  
Name: WHITEN, RAY  
Address: 122 ACRE ESTATES  
City-St-Zip: TOCCOA, GA 30577 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: FREDERICK H. NELSON

DP

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date