

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001714 (2)

1. Corporation Name

NEW LIBERTY MINISTRIES, INC.



Principal Place of Business	Mailing Address
1781 N.W. 68TH STREET MIAMI FL 33147	1781 N.W. 68TH STREET MIAMI FL 33147-7443

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1996		3a. Date of Last Report	
21		26		4. FEI Number 65-0757470		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOMLINSON, RUSSELL REV 1420 S.W. 87TH WAY PEMBROKE PINES FL 33025				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	MY Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOMLINSON, RUSSELL REV			1.2 NAME	Miller, Reuben A		
STREET ADDRESS	1420 S.W. 87TH WAY			1.3 STREET ADDRESS	18040 NE 10th Avenue		
CITY-ST-ZIP	PEMBROKE PINES FL 33025			1.4 CITY-ST-ZIP	North Miami Beach FL 33162		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARRIS, PAMELA P			2.2 NAME	Dawson, Christopher		
STREET ADDRESS	17200 N.W. 53RD COURT			2.3 STREET ADDRESS	1205 NW 134th Street		
CITY-ST-ZIP	MIAMI FL 33055			2.4 CITY-ST-ZIP	North Miami FL 33167		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	Tr/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LIGHTBOURNE, GILBERT A			3.2 NAME	Harris, Norris D		
STREET ADDRESS	18932 N.W. 58TH COURT			3.3 STREET ADDRESS	17200 NW 53RD COURT		
CITY-ST-ZIP	MIAMI FL 33055			3.4 CITY-ST-ZIP	Miami FL 33055		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Tr/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Dawkins, Lawrence		
STREET ADDRESS				4.3 STREET ADDRESS	4920 SW 151st Terrace		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Miramar, FL 33027		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)