2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N97000000424

Entity Name: LAYMEN FOR RELIGIOUS LIBERTY MINISTRIES, INC.

Current Principal Place of Business:

218-B E. NEW YORK
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

C/O EDWARD M. LIVINGSTON, ESQ.
P.O. BOX 1599
WINTER PARK, FL 32790 US

New Mailing Address:

C/O EDWARD M. LIVINGSTON, ESQ.
963 TRAIL TERRACE DRIVE
NAPLES, FL 34103 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, EDWARD M ESQ.
628 ELLEN DR.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

LIVINGSTON, EDWARD M ESQ.
963 TRAIL TERRACE DRIVE
NAPLES, FL 34103 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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: MOULD, DAVID E
Address: 1414 MCGREGOR RD.
City-St-Zip: DELAND, FL 32720 US

Title: DST ( ) Delete
Name: MOULD, JASMIN J
Address: 1414 MCGREGOR RD.
City-St-Zip: DELAND, FL 32720 US

Title: D ( ) Delete
Name: MOULD, MARC A
Address: 1414 MCGREGOR RD.
City-St-Zip: DELAND, FL 32720 US

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: DAVID E. MOULD P 04/30/2004
Electronic Signature of Signing Officer or Director — Date