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.

CPA

SIGNATURE: KATHLEEN A BELLAS

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Title	TD	Title	PD
Name	HUBBARD, JAMES E	Name	LOWE, JAMES L.
Address	7372 - 20TH STREET, NORTH	Address	2900 COVE CAY DR., #1A
City-State-Zip:	ST PETERSBURG FL 33702	City-State-Zip:	CLEARWATER FL
Title	SD	Title	V
Name	WILSON SR, FRANCIS R	Name	LOWE, SHIRLEY K
Address	1875 69TH AVE N	Address	2900 COVE CAY DR #1A
City-State-Zip:	SAINT PETERSBURG FL 33702	City-State-Zip:	CLEARWATER FL

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.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2900 COVE CAY, #1A CLEARWATER, FL 34620 US

SIGNATURE:

LOWE, J.L.

Current Mailing Address:

9401 FOURTH STREET NORTH ST PETERSBURG, FL 33702

FEI Number: 59-1509657

9401 FOURTH STREET NORTH

ST PETERSBURG, FL 33702

DOCUMENT# 719786

Entity Name: LIBERTY CHRISTIAN ENTERPRISES, INC.

Current Principal Place of Business:

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2024 Secretary of State 8968241482CC

Date

Certificate of Status Desired: No

03/21/2024

Date