

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719786

**Entity Name:** LIBERTY CHRISTIAN ENTERPRISES, INC.

**Current Principal Place of Business:**

9401 FOURTH STREET NORTH  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

9401 FOURTH STREET NORTH  
ST PETERSBURG, FL 33702

**FEI Number:** 59-1509657

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOWE, J.L.  
2900 COVE CAY, #1A  
CLEARWATER, FL 34620 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name HUBBARD, JAMES E  
Address 7372 - 20TH STREET, NORTH  
City-State-Zip: ST PETERSBURG FL 33702

Title PD  
Name LOWE, JAMES L.  
Address 2900 COVE CAY DR., #1A  
City-State-Zip: CLEARWATER FL

Title SD  
Name WILSON SR, FRANCIS R  
Address 1875 69TH AVE N  
City-State-Zip: SAINT PETERSBURG FL 33702

Title V  
Name LOWE, SHIRLEY K  
Address 2900 COVE CAY DR #1A  
City-State-Zip: CLEARWATER FL

*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:** KATHLEEN A BELLAS

**CPA**

**04/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date