FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742351** **(0)**

1. Corporation Name
THE LEROY FREEMAN EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
401 EXECUTIVE CENTER DRIVE APT. C-212 WEST PALM BEACH FL 33401	401 EXECUTIVE CENTER DRIVE APT. C-212 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 04/12/1978
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 500 N. Congress Ave.	26 500 N. Congress Ave.
Suite, Apt. #, etc. 22 204Y	Suite, Apt. #, etc. 27 204Y
City & State 23 West Palm Beach, Fl	City & State 28 West Palm Beach, Fl.
Zip 24 33401 Country 25 USA	Zip 29 33401 Country 30 USA

4. FEI Number: 59-1815774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FREEMAN, LEROY
401 EXECUTIVE CENTER DRIVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Leroy Freeman
82 Street Address (P.O. Box Number is Not Acceptable): 500 N. Congress Ave.
83 # 204Y
84 City: West Palm Beach, FL 85 Zip Code: 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FREEMAN, LEROY		1.2 NAME	Freeman, Leroy	
STREET ADDRESS	401 EXECUTIVE CENTER DR		1.3 STREET ADDRESS	500 N. Congress Ave. #204Y	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	W.P.B., Fl. 33401	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	FREEMAN, PATRICIA A		2.2 NAME	Freeman, Patricia A	
STREET ADDRESS	401 EXECUTIVE CNTR DR		2.3 STREET ADDRESS	500 N. Congress Ave. #204Y	
CITY-ST-ZIP	WEST PALM BCH,FL 00000		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARCH, CHRISTINE		3.2 NAME		
STREET ADDRESS	341 W 18TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH, FL 00000		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, DELORIS M.		4.2 NAME		
STREET ADDRESS	1531 W 13TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH, FL 00000		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Rev. Leroy Freeman REV. LEROY FREEMAN 4/14/96 (407) 684-2393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #