

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 742351 (0)
1. Corporation Name
THE LEROY FREEMAN EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business 500 N CONGRESS AVE STE 204Y WEST PALM BEACH FL 33401 US	Mailing Address 500 N CONGRESS AVE STE 204Y WEST PALM BEACH FL 33401 US
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 04/12/1978	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		
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent FREEMAN, LEROY 500 N CONGRESS AVE STE 204Y WEST PALM BEACH FL 33401	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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	
TITLE	PD FREEMAN, LEROY 500 N CONGRESS AVE, #204Y WEST PALM BEACH FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	VD FREEMAN, PATRICIA A 500 N CONGRESS AVE, #204Y WEST PALM BCH, FL 00000
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	SD MARCH, CHRISTINE 341 W 18TH ST RIVIERA BCH, FL 00000
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	T BROWN, DELORIS M. 1531 W 13TH ST RIVIERA BCH, FL 00000
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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.

SIGNATURE: *Rev. Leroy Freeman* 4-17-98 (61) 784-2393

CR2E037 (10/97)