


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90128 016 \*\*\*\*61.25

**DOCUMENT # N02000001416**  
1. Entity Name  
**SET FREE MINISTRIES, INC.**



Principal Place of Business      Mailing Address  
**11455 MURRAY AVE**      **P O BOX 4211**  
**LARGO FL 33778**      **SEMINOLE FL 33775**

**14010700**



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

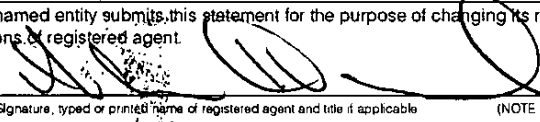
4. FEI Number      Applied For  
**01-0622155**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**COPLEY, TAMMY L**  
**6236 66TH STREET NORTH**  
**PINELLAS PARK FL 33781**

**7. Name and Address of New Registered Agent**  
Name **ALVIN E HOWARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**11455 MURRAY AVE**  
City **LARGO**      FL **33778**

8. 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE       DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, ALVIN E	
STREET ADDRESS	11455 MURRAY AVE	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, GWEN E	
STREET ADDRESS	11455 MURRAY AVE	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTA, DOUG	
STREET ADDRESS	1605 RUSSEL WAY	
CITY-ST-ZIP	ROSEVILLE CA 95661	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       4-4-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #