## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 26, 2006 08:00 AN

			11pi 20, 2000 00.00 i	
DOCUMENT # N0200001416  1. Entity Name SET FREE MINISTRIES, INC.			Secretary of State	
11455 MURRAY AVE	nailing Address P O BOX 4211 SEMINOLE, FL 33775			
DO NOT WRITE IN THIS SPACE		CE	01162006 No Chg-NP	
			Fee Required	
6. Name and Address of Current Register HOWARD, ALVIN E. 11455 MURRAY AVE. LARGO, FL 33778			DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of shanging 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  Signature, typed or printed name of registered agent and site of applicable (NOTE Registered Agent signature regulated when reinstating)  DATE				
Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees	
10. OFFICERS AND DIRE  INTLE D  NAME HOWARD, ALVIN E  STREET ADDRESS 11455 MURRAY AVE  CITY ST-ZIP LARGO, FL 33778  TITLE D	CTORS		U00000534413 05/08/06-80012-007 61.25	
NAME HOWARD, GWEN E STREET ADDRESS 11455 MURRAY AVE CITY-ST-ZIP LARGO, FL 33778	<del></del>			
THE	ADDRESS 1605 RUSSEL WAY		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
ITTLE NAME STREET ADDRESS CITY - ST-ZIP				
TITLE NAME STREET ADDRESS CITY - ST- ZIP				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 artificial statute of the corporation of 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 artificial statute.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. <u>. . .</u> .