
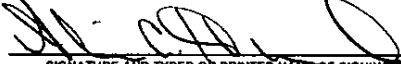


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90061 010 \*\*\*\*61.25

<b>DOCUMENT # N02000001416</b>					
1. Entity Name SET FREE MINISTRIES, INC.					
Principal Place of Business 11455 MURRAY AVE LARGO, FL 33778			Mailing Address P O BOX 4211 SEMINOLE, FL 33775		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOWARD, ALVIN E. 11455 MURRAY AVE. LARGO, FL 33778				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, ALVIN E			NAME	
STREET ADDRESS	11455 MURRAY AVE			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33778			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, GWEN E			NAME	
STREET ADDRESS	11455 MURRAY AVE			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33778			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, DOUG			NAME	
STREET ADDRESS	1605 RUSSEL WAY			STREET ADDRESS	
CITY-ST-ZIP	ROSEVILLE, CA 95661			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Shrive			NAME	
STREET ADDRESS	8375 75th Ave #			STREET ADDRESS	
CITY-ST-ZIP	Largo Fl. 33777			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Farrara			NAME	
STREET ADDRESS	9406 Park Lake Dr.			STREET ADDRESS	
CITY-ST-ZIP	Riviera Park, Fl. 33782			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.					
SIGNATURE: 				Date: 3/19/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (727) 423-9468	