

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# N02000001416

Entity Name: SET FREE MINISTRIES, INC.

Current Principal Place of Business:

11455 MURRAY AVE
LARGO, FL 33778

New Principal Place of Business:

Current Mailing Address:

P O BOX 4211
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 01-0622155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, ALVIN E.
11455 MURRAY AVE.
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOWARD, ALVIN E
Address: 11455 MURRAY AVE
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: HOWARD, GWEN E
Address: 11455 MURRAY AVE
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: COSTA, DOUG
Address: 1605 RUSSEL WAY
City-St-Zip: ROSEVILLE, CA 95661

Title: D () Delete
Name: SHRIVE, JOHN
Address: 8375 75TH AVE
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: FARRARA, THOMAS
Address: 9406 PARK LAKE DR
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN HOWARD

D

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date