

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2007  
Secretary of State**

DOCUMENT# N02000008385

Entity Name: FREEDOM FELLOWSHIP INTERNATIONAL, INC.

**Current Principal Place of Business:**

845 BERRY PATCH RD.  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

845 BERRY PATCH RD.  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

FEI Number: 20-0324370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREY, DENNIS S REV  
845 BERRY PATCH RD.  
DEFUNIAK SPRINGS, FL 32435      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: DP      ( ) Delete  
Name: GREY II, DENNIS S REV.  
Address: 845 BERRY PATCH RD.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DST      ( ) Delete  
Name: GREY, ELICIA  
Address: 845 BERRY PATCH RD.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D      ( ) Delete  
Name: GREY, DENNIS  
Address: 128 EDGEWATER RD.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**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:

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: DENNIS S.GREY II

DP

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date