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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N20535 (3)

1. Corporation Name  
FREEDOM CHRISTIAN CENTER, INC.



Principal Place of Business Mailing Address  
7200 N. WICKHAM RD MELBOURNE FL 32940 US  
7200 N. WICKHAM RD. MELBOURNE FL 32940-7524 US

3. Date Incorporated or Qualified 05/07/1987  
3a. Date of Last Report 01/31/1996

2. Principal Place of Business  
21 2955 Pineda Causeway  
22 215  
23 Melbourne FL  
24 32940 25 USA  
26 2955 Pineda Causeway  
27 215  
28 Melbourne FL  
29 32940 30 USA

4. FEI Number 59-2813264  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANKLIN, TIMMY DAYTON  
345 BAYHEAD DRIVE  
MELBOURNE FL 32940

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PVD	<input type="checkbox"/>
NAME	FRANKLIN, TIMMY DAYTON	
STREET ADDRESS	345 BAYHEAD DRIVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	BLANKS, JIM	
STREET ADDRESS	265 APPLEWOOD CIR.	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/>
NAME	CROSWELL, JOE	
STREET ADDRESS	635 MYRTLE WAY	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/>
NAME	MCLARTY, JAN	
STREET ADDRESS	1435 HAGEN LN	
CITY - ST - ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/>
NAME	WEIR, JOHN	
STREET ADDRESS	1406 BRONCO DR.	
CITY - ST - ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Timmy D. Franklin 2/28/97 (407) 254-0546

CR2E037 (9/96)