

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90212 036 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20535**

1. Corporation Name  
**FREEDOM CHRISTIAN CENTER, INC.**

Principal Place of Business 2955 PINEDA CAUSEWAY 215 MELBOURNE FL 32940 US	Mailing Address 2955 PINEDA CAUSEWAY 215 MELBOURNE FL 32940 US
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2. Principal Place of Business 21 <b>7250 Lake Andrew Drive</b>	2a. Mailing Address 26 <b>7250 Lake Andrew Drive</b>	3. Date Incorporated or Qualified <b>05/07/1987</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>59-2813264</b>
23 City & State <b>Melbourne Florida</b>	28 City & State <b>Melbourne Florida</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>32940</b>	25 Country <b>USA</b>	29 Zip <b>32940</b>
30 Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>FRANKLIN, TIMMY DAYTON</b> <b>345 BAYHEAD DRIVE</b> <b>MELBOURNE FL 32940</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, TIMMY DAYTON</b>	1.2 NAME	
STREET ADDRESS	<b>345 BAYHEAD DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD CROSWELL, JOE</b>	2.2 NAME	
STREET ADDRESS	<b>635 MYRTLE WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T MCLARTY, JAN</b>	3.2 NAME	<b>SD Ralph McLaughlin</b>
STREET ADDRESS	<b>1435 HAGEN LN</b>	3.3 STREET ADDRESS	<b>1869 Player Circle, N.</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	3.4 CITY-ST-ZIP	<b>Melbourne, FL 32935</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SD WEIR, JOHN</b>	4.2 NAME	<b>TD Craig Nau</b>
STREET ADDRESS	<b>1406 BRONCO DR.</b>	4.3 STREET ADDRESS	<b>7808 Falling Leaf Place</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	<b>Melbourne, FL 32940</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **4/15/99** **407-631-1000**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)