

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90674 029 ****70.00



DOCUMENT # N20535

1. Entity Name
FREEDOM CHRISTIAN CENTER, INC.

Principal Place of Business Mailing Address
7250 LAKE ANDREW DRIVE **7250 LAKE ANDREW DRIVE**
MELBOURNE FL 32940 **MELBOURNE FL 32940**
US **US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2813264** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
FRANKLIN, TIMMY DAYTON
Street Address (P.O. Box Number is Not Acceptable)
710 SPRING LAKE DRIVE
MELBOURNE FL 32940
City **FL** Zip Code

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, TIMMY DAYTON	
STREET ADDRESS	710 SPRING LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CROSWELL, JOE	
STREET ADDRESS	635 MYRTLE WAY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, RALPH	
STREET ADDRESS	1869 PLAYER CIRCLE N	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NAU, CRAIG	
STREET ADDRESS	7808 FALLING LEAF PLACE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

12. 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 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: *SIGNATURE REQUIRED* Timmy D. Franklin 1/7/03 321-621-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)