


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N39436	
1. Entity Name SET FREE YOUTH AND FAMILY MINISTRIES, INC.	

Principal Place of Business 501 VILLAGE GREEN PKWY STE 2 BRADENTON FL 34209	Mailing Address 501 VILLAGE GREEN PKWY STE 2 BRADENTON FL 34209
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2. Principal Place of Business Suite, Apt. #, etc City & State Zip	3. Mailing Address Suite, Apt. #, etc City & State Zip	Country	Country
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MOORE CR2E037 (11/03)

4. FEI Number 65-0216564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**XAVIER, ROBERT F.
8113 18TH AVENUE EAST
PALMETTO FL 34221**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	XAVIER, ROBERT F.			NAME			
STREET ADDRESS	8113 18TH AVE. EAST			STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERICKSON, RICHARD E.			NAME			
STREET ADDRESS	5611 40TH AVE. EAST			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENNIS, GENE			NAME			
STREET ADDRESS	1505 WILLOW OAK CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	XAVIER, BETH			NAME			
STREET ADDRESS	8113 18TH AVE E			STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINCH, RANDY			NAME			
STREET ADDRESS	8109-18TH AVENUE EAST			STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEE, MARK			NAME			
STREET ADDRESS	820 WEST PENINSULA STREET			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33603			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)(l), 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: Robert F. Xavier Date: 01/25/04 (941) 761-9115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR