


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90039 001 ****70.00

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



Principal Place of Business Mailing Address
501 VILLAGE GREEN PKWY **501 VILLAGE GREEN PKWY**
STE 2 **STE 2**
BRADENTON FL 34209 **BRADENTON FL 34209**

40010750



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0216564** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 *RA* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	XAVIER, ROBERT F.	
STREET ADDRESS	8113 18TH AVE. EAST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERICKSON, RICHARD E.	
STREET ADDRESS	5611 40TH AVE. EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENNIS, GENE	
STREET ADDRESS	1505 WILLOW OAK CIRCLE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	XAVIER, BETH	
STREET ADDRESS	8113 18TH AVE E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FINCH, RANDY	
STREET ADDRESS	8109-18TH AVENUE EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCGEE, MARK	
STREET ADDRESS	820 WEST PENINSULA STREET	
CITY-ST-ZIP	TAMPA FL 33603	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 *Robert F. Xavier* **ROBERT F. XAVIER**

01/27/05 **94 761-9115**
 Date Daytime Phone #