


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39436</b>		
1. Entity Name <b>SET FREE YOUTH AND FAMILY MINISTRIES, INC.</b>		
Principal Place of Business <b>501 VILLAGE GREEN PKWY STE 2 BRADENTON, FL 34209</b>	Mailing Address <b>501 VILLAGE GREEN PKWY STE 2 BRADENTON, FL 34209</b>	



07192006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

U00000572327  
07/25/06-80026-016 70.00

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 07/20/06 741-726-5056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #