

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

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90095 003 \*\*\*\*70.00

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



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

2. Principal Place of Business      3. Mailing Address  
**501 VILLAGE GREEN PKWY #2 Suite 2**      **501 VILLAGE GREEN PKWY #2 Suite 2**  
City & State      City & State  
**BRADENTON, FL**      **BRADENTON, FL**



CHECK HERE IF MAKING CHANGES

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| 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          | SD                        | <input type="checkbox"/> Delete |
| NAME           | ENNIS, GENE               |                                 |
| STREET ADDRESS | 1505 WILLOW OAK CIRCLE    |                                 |
| CITY-ST-ZIP    | BRADENTON FL              |                                 |
| TITLE          | SD                        | <input 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           | RANDY FINCH               |                                 |
| STREET ADDRESS | 8109-18TH AVENUE EAST     |                                 |
| CITY-ST-ZIP    | PALMETTO, FL 34221        |                                 |
| TITLE          | SD                        | <input type="checkbox"/> Delete |
| NAME           | MARK Mc GEE               |                                 |
| 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 |
| 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**      08/19/03 (941) 761-9115

CR2E037 (4/03)