


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005074 (9)**

1. Corporation Name

FREEDOM MINISTRIES, INC.



Principal Place of Business 1855 W. STATE ROUTE 434 SUITE 250 LONGWOOD FL 32750	Mailing Address 1855 W. STATE ROUTE 434 SUITE 250 LONGWOOD FL 32750
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3. Date Incorporated or Qualified 10/11/1994
4. FEI Number 59-3292322
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LOMAS, THOMAS R 1855 W. STATE ROUTE 434 SUITE 250 LONGWOOD FL 32750	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LOMAS, THOMAS R 1855 W. STATE ROUTE 434 LONGWOOD FL 32750	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMAS, THOMAS R	1.2 NAME	
STREET ADDRESS	1855 W. STATE ROUTE 434	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	
TITLE	ST LOMAS, MARGARET A 1855 W. STATE ROUTE 434 LONGWOOD FL 32750	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMAS, MARGARET A	2.2 NAME	
STREET ADDRESS	1855 W. STATE ROUTE 434	2.3 STREET ADDRESS	805 RICHBEE DR.
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D WAGLEY, DONALD A 1950 LAKE PARK DRIVE, #110 ATLANTA GA 30080	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGLEY, DONALD A	3.2 NAME	
STREET ADDRESS	1950 LAKE PARK DRIVE, #110	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30080	3.4 CITY-ST-ZIP	
TITLE	D WILLOUGHBY, THOMAS M 2239 COVENTRY DRIVE WINTER PARK FL 32792	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLOUGHBY, THOMAS M	4.2 NAME	
STREET ADDRESS	2239 COVENTRY DRIVE	4.3 STREET ADDRESS	1003 MEANS CT.
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP	OWIEDO, FL 32765
TITLE	D STEELMAN, NELSON B 1815 COROLLA COURT DELTONA FL 32738	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELMAN, NELSON B	5.2 NAME	
STREET ADDRESS	1815 COROLLA COURT	5.3 STREET ADDRESS	3301 NE 5TH AVE., #116
CITY-ST-ZIP	DELTONA FL 32738	5.4 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D LOMAS, CHRISTINE J 1853 WESTPOINTE CIRCLE ORLANDO FL 32835	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMAS, CHRISTINE J	6.2 NAME	
STREET ADDRESS	1853 WESTPOINTE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **THOMAS R. Lomas** 4/30/98 407-332-0991

CR2E037 (10/97)