

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90024 048 \*\*\*\*61.25

**DOCUMENT # N94000005074**

1. Entity Name

**FREEDOM MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**171 MASSWOOD CIRCLE  
WINTER SPRINGS FL 32708**

**171 MASSWOOD CIRCLE  
WINTER SPRINGS FL 32708**

837903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**171 Mosswood Circle**

Suite, Apt. #, etc.

3. Mailing Address

**171 Mosswood Circle**

Suite, Apt. #, etc.

City & State

**WINTER SPRINGS, FL**

City & State

**WINTER SPRINGS, FL**

Zip

**32708**

Country

Zip

**32708**

Country

4. FEI Number

**59-3292322**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LOMAS, THOMAS R  
171 MOSSWOOD CIRCLE  
WINTER SPRINGS FL 32708**

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.

SIGNATURE

**THOMAS R. LOMAS, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **LOMAS, THOMAS R**  
STREET ADDRESS **171 MOSSWOOD CIRCLE**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **STD** ☐ Delete  
NAME **LOMAS, MARGARET A**  
STREET ADDRESS **1580 RIDGE AVENUE**  
CITY-ST-ZIP **LONG WOOD FL 32750**

TITLE **D** ☐ Delete  
NAME **WILLOUGHBY, THOMAS M**  
STREET ADDRESS **1003 MEANS CT**  
CITY-ST-ZIP **OVIDO FL 32765**

TITLE **D** ☐ Delete  
NAME **STEELMAN, NELSON B**  
STREET ADDRESS **401 NE 29TH STREET #2**  
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**THOMAS R. LOMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/14/02 407-327-1296**

CR2E037 (9/01)