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

Mailing Address

POST OFFICE BOX 2133

VALRICO FL 33595-2133

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1913 DOCKSIDE DRIVE

VALRICO FL 33594



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500002349 (7)

FREEDOM FIGHTERS' MINISTRIES, INC.

214 BELFORT PLACE

VCALRICO FL 33594

MILLER, CHARLES

214 BELFORT PLACE

VCALRICO FL 33594

WADSWORTH, ROBERT E

1913 DOCKSIDE DRIVE

VALRICO FL 33594

D

3. Date Incorporated or Qualified 05/16/1995 3a. Date of Last Report 02/05/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3314554 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zιο This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WADSWORTH, LYNNE Street Address (P.O. Box Number is Not Acceptable) 82 1913 DOCKSIDE DRIVE 83 VALRICO FL 33594 City 85 Zip Code 11. Pursuarc'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 famility with, and accept the obligations of Section 617.0503. Florida Statutes. SIGNATURE: (NOTE: Registered Agent signature required when reinstating) of registered agent and title if approable (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition ☐ Change THUE DELETE 1.1 TITLE WADSWORTH, LYNNE 1.2 NAME CR2E037 NAME 1913 DOCKSIDE DRIVE STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL 33594 1.4 CITY-ST-ZIP CITY - ST - ZIE Addition DELETE Change TITLE 2.1 TITLE MILLER, MARY JANE 2.2 NAME NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

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5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

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2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 THLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

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DELETE

14. Loo 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:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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City-St-ZiP

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NAME

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TITLE

NAM:

TITLE

NAME

ONATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97

FILED

Mar 21 1997 8:00am

Secretary of State

Daytime Phone # 0046719

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