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**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90083 036 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000004792**

1. Corporation Name

**SET FREE IN CHRIST MINISTRIES, INC.**

Principal Place of Business

5824 ORANGE STREET  
 MARIANNA FL

Mailing Address

4197 MYLES STREET  
 MARIANNA FL 32448



2. Principal Place of Business

21 **2856 Orange Street**

Suite, Apt. #, etc.

22  
 City & State  
**Marianna, FL**

23 Zip  
**32448**

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**08/18/1998**

4. FEI Number

**59-3561569**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**JOHNSON, CHRISTINE W**  
**4197 MYLES STREET**  
**MARIANNA FL 32448**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 Christine W. Johnson - Christine W. Johnson

4/14/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
 NAME **JOHNSON, CHRISTINE W**  
 STREET ADDRESS **4197 MYLES STREET**  
 CITY-ST-ZIP **MARIANNA FL 32448**

TITLE **D**  DELETE  
 NAME **WADSWORTH, KIMBERLY**  
 STREET ADDRESS **4197 MYLES STREET**  
 CITY-ST-ZIP **MARIANNA FL 32448**

TITLE **D**  DELETE  
 NAME **HARRIS, KENDRICK**  
 STREET ADDRESS **P.O. BOX 588**  
 CITY-ST-ZIP **GREENWOOD FL 32446**

TITLE **D**  DELETE  
 NAME **DREW, MARIETTA**  
 STREET ADDRESS **5007 WILMINGTON COURT**  
 CITY-ST-ZIP **CAMPBELLTON FL 32426**

TITLE **D**  DELETE  
 NAME **GRISSETT, RICHARD**  
 STREET ADDRESS **4422 MCCHAPEL ROAD**  
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME **Wilson, Kimberly**  
 2.3 STREET ADDRESS **186 W. Hembress Rd.**  
 2.4 CITY-ST-ZIP **Crystal Springs MS 39059**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME **Drew, Marietta**  
 4.3 STREET ADDRESS **4197 Myles Street**  
 4.4 CITY-ST-ZIP **Marianna, FL 32448**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: Marietta Drew **SIGNATURE REQUIRED** Drew **4/14/99** 850-593-6431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0010602