

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90024 013 ****61.25

DOCUMENT # N98000004792

1. Entity Name

SET FREE IN CHRIST MINISTRIES, INC.

Principal Place of Business

Mailing Address

**2856 ORANGE STREET
 MARIANNA FL 32448**

**4197 MYLES STREET
 MARIANNA FL 32448**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3561569

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, CHRISTINE W	
STREET ADDRESS	4197 MYLES STREET	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADSWORTH, KIMBERLY	
STREET ADDRESS	4197 MYLES STREET	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, GENOA	
STREET ADDRESS	4915 CONCORD ROAD	
CITY-ST-ZIP	BASCOM FL 32423	
TITLE	D	<input type="checkbox"/> Delete
NAME	DREW, MARIETTA	
STREET ADDRESS	4197 MYLES STREET	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Marietta Drew Marietta Drew Date: 4/22/02 Daytime Phone #: 850-482-7810

CR2E037 (9/01)