


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000000167 1. Entity Name FREEDOM MINISTRIES ASSEMBLIES OF GOD, INC.	
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Principal Place of Business 12811 NORTH NEBRASKA AVENUE SUITE C TAMPA, FL 33612	Mailing Address 12811 NORTH NEBRASKA AVENUE SUITE C TAMPA, FL 33612
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DO NOT WRITE IN THIS SPACE



02252007 No Chg-NP CR2E037 (4/06)

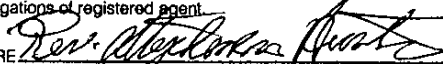
4. FEI Number 59-3511401	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AUSTIN, STEPHENSON  
 3916 E. JEAN ST.  
 TAMPA, FL 33610

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 2-25-07

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

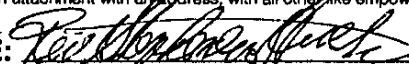
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTIN, STEPHENSON 2913 E. SLIGH AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLOYD, CARLETTA 811 11TH STREET DW PALMETTO, FL 34721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLETCHER, KAREN 948 SANDYWOOD DR. BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OYENIJI, REMI 8828 BRENNAN CIRCLE #304 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/20/07-80001-013 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 2-25-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #