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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUI 1. Corporation	MENT # 720383	(9)	•						
FREEDOM ASSEMBLY, INC.							**** #1811 #		
Principal Place				1 100/11 10010 11611 08100 (1181 1010)		1811 B1811 <b>8</b> 1911 B1811 B1811 (1881			
HWY 41 8. GIBSONTON 12005 WOODSIDE DR. HGR-1-80X-907 - HOR-1-BOX-991 - RIVERVIEW FL 33569-6718			i						_
us		US			3. Date Incorporated or Qualified 03/01/1971	3a. D	Date of Last Report 01/31/1996		
_	lace of Business	2a. Mailing Address				4. FEI Number 59-1605083	<del></del>	Applied For	_
21 Hwy	41.5 GIBSONTON	26 1 2 0 0 5 1 No Suite, Apt. #, etc.				29,100,000		Not Applicable	)
	ontanton	27 Rivervieu	<b>-</b>			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	ON DIVION	City & State			$\overline{}$	6. Election Campaign Financing		\$5.00 May Be	٦
23 F/a	1 0	28 1-12	1 2			Trust Fund Contribution		Added to Fees	_
zίρ 24] <b>3</b> 353	Country	Ap 3 3 5 / A	Countr	ry 1		8. This corporation has liability for in Florida Statutes		e tax under s. 199.032,	
41500	9. Name and Address of Current	29 33569 Registered Agent	30 7-711	llsbou	regn	10. Name and Address of New Re			$\dashv$
···			81	1 Name			<u> </u>		٦
RAMEY, FRANK 12005 WOODSIDE DR.			82	2 Street /	Addres	s (P.O. Box Number is Not Acceptab	ole)		4
	FU FL 33589		83	3					4
*			84	4 City				85 Zip Code	$\dashv$
11 Purcuent	to the provisions of Sections 617 0502	and 617 1508 Florida Statu	tec the show	yo namod	COLDOL	ration cultimite this etatement for the r	FL	_   -	
office or re	to the provisions of Sections 617.0502 registered agent, or both, in the State of m familiar with, and accept the obligati	Florida, Such change was	authorized b	by the corp	corpor	audit submits this statement for the parties board of directors. I hereby accept	of the app	pointment as registered	
SIGNATURÉ.	in laninal with, and accept the obligati	ons of Section 017.0303, 11	Olida Statute	25,					
	Signature, typed or printed name of registered agent		TE: Registered Ag	geni signature	required	<del></del>	DATE		
12.	OFFICERS AND	DELETE	13. 11 TITLE		·	ADDITIONS/CHANGES TO OFFIC	ERS AN	ID DIRECTORS IN 12  Change Addition	_
NAME	RAMEY, MARY	LJ MILL	1.2 NAME					☐ Change ☐ Addition	
STREET ADDRESS	12005 WOODSIDE DR.			ET ADDRESS	į				
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-	ŀ	İ				
TITLE	DTS	DELETE	21 TITLE					Change Addition	_
NAME	CARDWELL, AARON		2 2 NAME	:					
STREET ADDRESS	702 RIVER BAY DR.		2.B STREE	ET ADDRESS					
CITY-ST-2IP	TAMPA FL		2. 4 C(TY-		ļ				┙
TITLE	PDC	☐ DELETE	3.4 TITLE					☐ Change ☐ Addition	ı
NAME	RAMEY, FRANK		3.2 NAME						
STREET ADDRESS	12005 WOODSIDE DR. RIVERVIEW FL			ET ADDRESS	l				
CITY-ST-ZIP TITLE	MAEMAICA L	DELETE	3.4. CITY -		· · ·			Change Addition	_
NAME			4. 2 NAME		l			CT cuttings CT Required	
STREET ADDRESS				ET ADDRESS	l				
CITY-ST-ZIP			4.4 CITY -		l				
TITLE		☐ DELETE	5.1 TITLE	1				Change Addition	_
NAME			5.P NAME						
STREET ADDRESS			5.8 STREE	ET ADDRESS	l				
CITY-ST-ZIP			5.4 CITY	ST-ZIP					
TITLE		☐ DELETE	6.4 TITLE					Change Addition	П
NAME			6.P NAME	. ]					i
STREET ADDRESS			6.8 STREE	ET ADDRESS					İ
CATAL OF SIG				A 1					- 1

14. I do 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.