## 2005 NOT-FOR-PROFIT CORPORATION

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

## Apr 14, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #720383** 04-14-2005 90110 007 \*\*\*\*70.00 FREEDOM ASSEMBLY CHURCH INC. Principal Place of Business Mailing Address 11509 CORWIN ST 12005 WOODSIDE DR 20033381 CHURCH US RIVERVIEW, FL 33569 GIBSONTON, FL 33534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04062005 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMEY-FRANK-Street Address (P.O. Box Number is Not Acceptable) 12005 WOODSIDE DR. RIVERVIEW, FL 33569 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE DTV ☐ Delete TITLE ☐ Addition ☐ Change RAMEY, MARY NAME NAME 12005 WOODSIDE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP ☐ Delete \_\_ Change ☐ Addition TITLE BARTRAM, DONNA NAME 702 6TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **RUSKIN, FL 33570** CITY-ST-ZIP TITLE PDC ☐ Delete TITLE ☐ Change ■ Addition RAMEY, FRANK NAME NAME 12005 WOODSIDE DR. STREET ADDRESS STREET ADDRESS CHTY\_SI\_ZIP\_ RIVERVIEW, FL CHY-ST-ZIP-TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS

**FILED** 

☐ Change

☐ Addition

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: 🚾