2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90062 001 *****8.75
04-18-2008 90062 002 ****61.25

DOCUMENT # 720383

1. Entity Name

FREEDOM ASSEMBLY CHURCH INC.

Principal Place of Business	Mailing Address
11511 CORWIN ST GIBSONTON FL 33534 US	12005 WOODSIDE DR RIVERVIEW FL 33569 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11511 Corwin St.	12005 Woodside Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gibsonton, FL.	City & State: Riverview, FL.
Zip: 33534 / Country: Hillsborough	Zip: 33579 / Country: Hillsborough

1st MOORE CR2E037 (10/07)

4. FEI Number: 59-2875960 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMEY, FRANK 12005 WOODSIDE DR. RIVERVIEW FL 33569	Name: Mary M. Ramey Street Address (P.O. Box Number is Not Acceptable): 12005 Woodside Dr. City: Riverview FL Zip Code: 33579

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: Mary M. Ramey — 4-2-08
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
Due By May 1, 2008

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PDT ☒ Delete	TITLE	PDT ☒ Change ☐ Addition
NAME	RAMEY, FRANK	NAME	Mary M. Ramey
STREET ADDRESS	12005 WOODSIDE DR.	STREET ADDRESS	12005 Woodside Dr.
CITY-ST-ZIP	RIVERVIEW FL 33569	CITY-ST-ZIP	Riverview, FL. 33579
TITLE	VDT ☐ Delete	TITLE	VDTS ☒ Change ☐ Addition
NAME	RAMEY, MARY	NAME	Donna J. Bartram
STREET ADDRESS	12005 WOODSIDE DR.	STREET ADDRESS	702 6th Ave. S.E.
CITY-ST-ZIP	RIVERVIEW FL 33569	CITY-ST-ZIP	Ruskin, FL. 33570
TITLE	SD ☐ Delete	TITLE	SDT ☐ Change ☒ Addition
NAME	BARTRAM, DONNA	NAME	Donald A. Bartram
STREET ADDRESS	702 6TH AVE	STREET ADDRESS	702 6th Ave. S.E.
CITY-ST-ZIP	RUSKIN FL 33570	CITY-ST-ZIP	Ruskin, FL. 33570
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary M. Ramey — MARY M. RAMEY — 4-2-08 — 813-677-0435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Phone Number

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

ATTACHMENT 66007164

#720383

FLORIDA CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO.

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Hobert Franklin Ramey
2. SEX: Male
3. DATE OF BIRTH (Month, Day, Year): May 15, 1936
4a. AGE-Last Birthday (Years): 71
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF DEATH (Month, Day, Year): July 3, 2007
6. SOCIAL SECURITY NUMBER: 400-46-9185
7. BIRTHPLACE (City and State or Foreign Country): Volga, Kentucky
8. COUNTY OF DEATH: Hillsborough
9. PLACE OF DEATH (Check only one): HOSPITAL: XX Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival; NON-HOSPITAL: ___ Hospice Facility ___ Nursing Home/Long Term Care Facility ___ Decedent's Home ___ Other (Specify)
10. FACILITY NAME (If not institution, give street address): South Bay Hospital
11a. CITY, TOWN, OR LOCATION OF DEATH: Sun City Center
11b. INSIDE CITY LIMITS? ___ Yes X No
12. MARITAL STATUS (Specify): XX Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name): Mary M. Ratliff
14a. RESIDENCE - STATE: Florida
14b. COUNTY: Hillsborough
14c. CITY, TOWN, OR LOCATION: Riverview
14d. STREET ADDRESS: 12005 Woodside Drive
14e. APT. NO.:
14f. ZIP CODE: 33569
14g. INSIDE CITY LIMITS? ___ Yes XX No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired": Pastor
15b. KIND OF BUSINESS/INDUSTRY: Church
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.): X White ___ Black or African American ___ American Indian or Alaskan Native (Specify tribe) ___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian (Specify) ___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Isl. (Specify) ___ Other (Specify)
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) ___ Yes (If Yes, specify) X No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American ___ Other Hispanic (Specify) ___ Haitian
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.): X 8th or less ___ High school but no diploma ___ High school diploma or GED ___ College but no degree ___ College degree (Specify): ___ Associate ___ Bachelor's ___ Master's ___ Doctorate
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes X No
20. FATHER'S NAME (First, Middle, Last, Suffix): Robie Franklin Ramey
21. MOTHER'S NAME (First, Middle, Maiden Surname): Carrie Lee Master
22a. INFORMANT'S NAME: Mary M. Ramey
22b. RELATIONSHIP TO DECEDENT: Wife
23a. INFORMANT'S MAILING - STATE: Florida
23b. CITY OR TOWN: Riverview
23c. STREET ADDRESS: 12005 Woodside Drive
23d. ZIP CODE: 33569
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): South Shore Crematory
25a. LOCATION - STATE: Florida
25b. LOCATION - CITY OR TOWN: Ruskin
26a. METHOD OF DISPOSITION: ___ Burial ___ Entombment X Cremation ___ Donation ___ Removal from State ___ Other (Specify)
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? X Yes ___ No
27a. LICENSE NUMBER (of Licensee): 1768
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ▶
28. NAME OF FUNERAL FACILITY: Zipperer's Funeral Home
29a. FACILITY'S MAILING - STATE: Florida
29b. CITY OR TOWN: Ruskin
29c. STREET ADDRESS: 1520 33rd Street S.E.
29d. ZIP CODE: 33570

MEDICAL CERTIFIER

30. CERTIFIER: (Check one) ✓ Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. ___ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.
31a. (Signature and Title of Certifier): ▶
31b. DATE SIGNED (mm-dd-yyyy): 7/9/2007
32. TIME OF DEATH (24 hr.): 1120
33. MEDICAL EXAMINER'S CASE NUMBER:
34a. LICENSE NUMBER (of Certifier): ME 97496
34b. CERTIFIER'S NAME: MANJUNATH RENAKANAHALLI
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier):
34c. CERTIFIER'S - STATE: FLORIDA
34d. CITY OR TOWN: BRANDON
34e. STREET ADDRESS: 220 W. Brandon Blvd Suite 203
34f. ZIP CODE: 33511
37. REGISTRAR - Signature and Date: ▶ 7/10/07
38. DATE FILED BY REGISTRAR: JUL 12 2007

Rudy Perez
CHIEF DEPUTY REGISTRAR

JUL 12 2007

FLORIDA DEPARTMENT OF HEALTH

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD

33376599

VOID IF ALTERED OR ERASED