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

1st MOORE CR2E037 (10/07)

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

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

RAMEY, FRANK
12005 WOODSIDE DR.
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

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

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 PERSON SIGNING OFFICER OR DIRECTOR

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

ATTACHMENT 4
66007164
#720383

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO.

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): 1766	27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
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

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

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): [signature]	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)	
36a. CERTIFIER'S - STATE: Florida	36b. CITY OR TOWN: Brandon	36c. STREET ADDRESS: 220 W. Brandon Blvd Suite 203	36d. ZIP CODE: 33511
37. SUBREGISTRAR - Signature and Date: [signature] 7/12/07	LOCAL REGISTRAR: [signature]	DATE FILED BY REGISTRAR: JUL 1 2 2007	

MEDICAL CERTIFIER

State of Florida, Department of Health, Vital Statistics

VOID IF ALTERED OR ERASED

[signature]
CHIEF DEPUTY REGISTRAR

JUL 1 2 2007

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.

FLORIDA DEPARTMENT OF HEALTH

DH FORM 1947 (08/04)

33376599

CERTIFICATION OF VITAL RECORD

33376599