2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **720383**1. Entity Name

FREEDOM ASSEMBLY CHURCH INC.

NAME

STREET ADDRESS

CITY-ST-ZIP



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90376 001 *****8.75 03-26-2003 90376 002 ****61.25

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Principal Place 11509 CORWIN CHURCH GIBSONTON FL US	ST	Mailing Address 12005 WOODSIDE DR RIVERVIEW FL 33569 US						
2. Principal Pla	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CI	HECK HERE IF MAKING	CHANGES		
City & State		City & State	City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip Country		Zìp	Country	5. Certificate of Stat	tus Desired	\$8.75 Add	litional	1
····	6. Name and Address of Curren	t Registered Agent	<u> </u>	7 Name and Addre	ess of New Registered A			ł
	O. Maine Blid Address of Carren	it riegistered Agent	Name	7. Hame and Addre	sas of New Neglatered A	gent	· · · · · · · · · · · · · · · · · · ·	١
RAMEY, FRANK 12005 WOODSIDE DR. RIVERVIEW FL 33569			Street Address		ss (P.O. Box Number is Not Acceptable)			
LIACUAICA	1 FL 33309		City	<u> </u>	FL	Zip Cod	.	
SIGNATURE _	ons of registered agent. Signature, typed or printed name of registered agen		E: Registered Agent signature req	***************************************			to	
FILE NOW: FEE IS \$61.25			Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIR	ECTORS IN	10	_
NAME STREET ADDRESS	DTV RAMEY, MARY 12005 WOODSIDE DR. RIVERVIEW FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CR2E037 (10/02)
NAME STREET ADDRESS	SD Bartram, Donna 702 6th ave Ruskin Fl 33570	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	CR2
NAME STREET ADDRESS	PDC RAMEY, FRANK 12005 WOODSIDE DR. RIVERVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
			***** #			☐ Change	□ saattaa	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Gridinge	Addition	:

12. 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.

STREET ADDRESS CITY-ST-ZIP

-NAME.

SIGNATURE: LSIGNARUREREQUEREANK Rame 43-23-33 (813)-677-0435