

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 733773-</b>						<b>08 DEC -3 AM 8:09</b> RELAY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Entity Name</b> FREEDOM FELLOWSHIP INC, OF DUNDEE FLORIDA							
<b>Principal Place of Business</b> 102 1ST ST DUNDEE, FL 33838 US		<b>Mailing Address</b> POB 1687 PO BOX 1687 DUNDEE, FL 33838 US					
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.					
<b>City &amp; State</b>		<b>City &amp; State</b>					
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		<b>Country</b>	
<b>6. Name and Address of Current Registered Agent</b> LANZA, JOHN M 1208 APOPKA DRIVE KISSIMMEE, FL 34759				<b>7. Name and Address of New Registered Agent</b> Name <u>TITUS, LONNIE E.</u> Street Address (P.O. Box Number is Not Acceptable) <u>22 Greenhaven Lane</u> City <u>Dundee,</u> <b>FL</b> Zip Code <u>33838</u>			
<b>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.</b>							
SIGNATURE <u>Rev. Lonnie E. Titus</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				100138414981 12/03/08--01041--003--*#61.25 DATE <u>12/20/08</u>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> D <b>NAME</b> LANZA, JOHN M <b>STREET ADDRESS</b> 1208 APOPKA DRIVE <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> D- Pastor <b>NAME</b> LONNIE TITUS <b>STREET ADDRESS</b> 22 Greenhaven Lane E <b>CITY-ST-ZIP</b> Dundee, FL 33838	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T <b>NAME</b> BORIELAL, THEMAL <b>STREET ADDRESS</b> 702 NORTH ADAMS AVENUE <b>CITY-ST-ZIP</b> DUNDEE, FL 33838	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> Secretary <b>NAME</b> Mark Mc Donough <b>STREET ADDRESS</b> 7530 Pleasant Dr. <b>CITY-ST-ZIP</b> Haines City, FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S <b>NAME</b> ELLIS, DAVID <b>STREET ADDRESS</b> 362 PUFFER COURT <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> Ken Rivera, Treas <b>NAME</b> 401 Rio Grande Ct <b>STREET ADDRESS</b> Kissimmee, FL 34754	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> ED <b>NAME</b> GODDARD, GLEN <b>STREET ADDRESS</b> 1427 NORT COVEY CIRCLE <b>CITY-ST-ZIP</b> LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> Board Member <b>NAME</b> Floyd Blomquist <b>STREET ADDRESS</b> 2471 Winter set Rd <b>CITY-ST-ZIP</b> Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> ED <b>NAME</b> MCDONOUGH, MARK <b>STREET ADDRESS</b> 7530 PLEASANT DRIVE <b>CITY-ST-ZIP</b> HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>							
<b>SIGNATURE:</b> <u>Ken Rivera, Treas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>10/20/08</u> Daytime Phone # <u>863-439-9636</u>			

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