


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 766441 1. Entity Name FREEDOM MINISTRIES CHURCH, INC.	
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Principal Place of Business % FREDDIE FILMORE, SR. 1348 OLD APOPKA RD APOPKA, FL 32703	Mailing Address % FREDDIE FILMORE, SR. 1348 OLD APOPKA RD APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE



02062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2525477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FILMORE, FREDDIE, SR. 3311 COLEMAN PLACE ORLANDO, FL 32805	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FILMORE, FREDDIE, SR. 3311 COLEMAN PL. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FILMORE, EVA C. 3311 COLEMAN PL. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENKINS, GAIL 2734 MIRANDA CIR. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANKLIN, FLORENCE 706 DOBY AVE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/05-80022-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:  FREDDIE FILMORE, SR. 2-11-05 407 886-6006	DATE _____ DAYTIME PHONE # _____
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