

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006398

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: FREEDOM WING MINISTRIES, INC.

**Current Principal Place of Business:**

4641 DECATUR CIR.  
MELBOURNE, FL 32934 US

**New Principal Place of Business:**

**Current Mailing Address:**

4641 DECATUR CIR.  
MELBOURNE, FL 32934 US

**New Mailing Address:**

FEI Number: 73-1229421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOPPER, JACQULYN A  
4641 DECATUR CIR.  
MELBOURNE, FL 32934 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: HOPPER, JACQULYN A  
Address: 4641 DECATUR CIR.  
City-St-Zip: MELBOURNE, FL 32934 US

Title: VCVP ( ) Delete  
Name: CHOATE, KIMBERLY J  
Address: 4641 DECATUR CIR.  
City-St-Zip: MELBOURNE, FL 32934 US

Title: DST ( ) Delete  
Name: SHOOK, ESTHER C  
Address: P.O. BOX 506  
City-St-Zip: MADISON, VA 22727

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: SHOOK, ESTHER C  
Address: 7120 LEE HWY BOX 27  
City-St-Zip: CHATTANOOGA, TN 37421

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQULYN A HOPPER

CP

03/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date