

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G51691

FILED
Apr 27, 2004
Secretary of State

Entity Name: FREEDOM COUNSELING MINISTRIES, INC.

Current Principal Place of Business:

4961 BABCOCK STREET SUITE 6
PALM BAY, FL 32905 US

New Principal Place of Business:

2676 POAT ROAD
MELBOURNE, FL 329035 US

Current Mailing Address:

3868 BEECHGROVE ROAD
MELBOURNE, FL 32934 US

New Mailing Address:

FEI Number: 59-2314423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINGER, DAVID P, ESQ
3868 BEECHGROVE ROAD
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LINGER, DAVID P,
Address: 3868 BEECHGROVE ROAD
City-St-Zip: MELBOURNE, FL

Title: VST () Delete
Name: LINGER, JENNIFER B,
Address: 3868 BEECHGROVE ROAD
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P LINGER

PD

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date