

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G51691

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** FREEDOM COUNSELING MINISTRIES, INC.

**Current Principal Place of Business:**

2676 POAT ROAD  
MELBOURNE, FL 329035 US

**New Principal Place of Business:**

2676 POST 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

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date