

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90001 003 ****61.25

DOCUMENT # N00000000874

1. Entity Name

FINANCIAL FREEDOM CHRISTIAN COUNSELING SERVICES,

Principal Place of Business

201 S.E. 15TH TERRACE, SUITE 203
 DEERFIELD BEACH FL 33065

Mailing Address

201 S.E. 15TH TERRACE, SUITE 203
 DEERFIELD BEACH FL 33065

2. Principal Place of Business

3. Mailing Address

2880 W Oakland Park Blvd

2880 W Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

217

217

City & State

City & State

Fort Lauderdale FL

Fort Lauderdale FL

Zip

Zip

33311

33311

Country

Country

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1693907

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACK, LANETTE

201 S.E. 15TH TERRACE, SUITE 203
 DEERFIELD BEACH FL 33065

Name

LANETTE BLACK

Street Address (P.O. Box Number is Not Acceptable)

2880 W Oakland Park Blvd

Suite 217

City

Fort Lauderdale

FL

Zip Code

33311

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.

SIGNATURE

LANETTE BLACK

Sept 11, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input type="checkbox"/> Delete
NAME	BLACK, LANETTE	
STREET ADDRESS	201 S.E. 15 TERRACE, SUITE 203	
CITY-ST-ZIP	DEERFIELD BEACH FL 33065	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, ARIEL REV.	
STREET ADDRESS	819 SKY PINE WAY, APT. G-3	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACKSON, ANTHONY L CPA	
STREET ADDRESS	2521 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Thaiseke Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8790 GROVERS TURN HW	Director
STREET ADDRESS	PO Box 3610 wings MD 20736	
CITY-ST-ZIP		
TITLE	Eric L. Moon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3106 Cottage Ln.	Secretary
STREET ADDRESS	Palm Beach Gardens FL, 33418	
CITY-ST-ZIP		
TITLE	Anthony Black	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3681 NW 73 Rd Way	Vice President
STREET ADDRESS	Coral Springs FL 33065	
CITY-ST-ZIP		
TITLE	Earl Bennett (Pastor)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1930 N. Main Street	Chairman
STREET ADDRESS	Freemont NE 68025	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

LANETTE BLACK

Sept 11, 2001 954-870-4046

CR2E037 (5/01)