2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000000874 FINANCIAL FREEDOM CHRISTIAN COUNSELING SERVICES, Principal Place of Business Mailing Address

FILED Sep 14, 2001 8:00 am Secretary of State 09-14-2001 90001 003 ****61.25

201 S.E. 15TH TERRACE. SUITE 203 DEERFIELD BEACH FL 33065		201 S.E. 15TH TERRACE. SUITE 203 DEERFIELD BEACH FL 33065			9/8947		
2. Principal P	lace of Business	3. Mailing Address			DO NOT WRITE IN THIS SPACE		
2880	Workland Pack Blu	d 2880W0. Suite, Apt. #, etc.	akkind	PARK BIU	ON MOTOR STATE IN THE ORIGINAL		
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FURT H	andredale FI	FORT LUNDER		4. FEI Number 3/-/6	93907	Applied For Not Applicable	
<i>3</i> 331	USA	33311	USH	5. Certificate of St	tatus Desired	Additional quired	
· · · · ·	6. Name and Address of Current Re	gistered Agent	Name	1.1	dress of New Registered Agent		
BLACK, LANETTE 201 S.E. 15TH TERRACE, SUITE 203 DEERFIELD BEACH FL 33065			Street A		SIGGER Ngt Acceptable) Park B Jano Park B	Blud	
			150	ethander d	ale FL Zig	33//	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Sept 11, 2001 DATE							
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 9. Election Campa Trust Fund Con				\$5.00 May Be Added to Fees	Make Check Paya Department of S		
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10.	OFFICERS AND DIREC	CTORS	11.		ES TO OFFICERS AND DIRECTOR		
TITLE	PSD	CTORS	TITLE	Thaiseke	Smith Cha	nge 🛣 Addition 2	
TITLE NAME	PSD BLACK, LANETTE		TITLE NAME	Thaiseke	Smith Cha		
TITLE	PSD BLACK, LANETTE 201 S.E. 15 TERRACE, SUITE 203 DEERFIELD BEACH FL 33065		TITLE	Thaiseke 8790 Grove	Sm:1h Cha	nge 🛣 Addition 2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD BLACK, LANETTE 201 S.E. 15 TERRACE, SUITE 203 DEERFIELD BEACH FL 33065 VD		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Thaiseke 8790 Grove 80 Box 36	Smith Che ers Turn LW oldwigs MDa	nge Addition (
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I hereby certify that the information supplied with this filling 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 of resupplemental 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: