

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 20 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N00000000874</b>					
<b>1. Entity Name</b> FINANCIAL FREEDOM CHRISTIAN COUNSELING SERVICES, INC.					
<b>Principal Place of Business</b> 767 SOUTH STATE RD 7 STE 20 MARGATE, FL 33068			<b>Mailing Address</b> 767 SOUTH STATE RD 7 STE 20 MARGATE, FL 33068		
<b>2. Principal Place of Business</b> 797 S. ST RD 7		<b>3. Mailing Address</b> 767 S. ST RD 7		03222004    Chg-NP    CR2E037 (10/03)	
Suite, Apt. #, etc. 20		Suite, Apt. #, etc. 20		<b>4. FEI Number</b> 31-1693907	
City & State margate, FL		City & State margate, FL		Applied For Not Applicable	
Zip 33068    Country Broward		Zip 33068    Country Broward		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> BLACK, LANETTE 767 SOUTH STATE RD 7 STE 20 MARGATE, FL 33068			<b>7. Name and Address of New Registered Agent</b> Name Anthony Black Street Address (P.O. Box Number is Not Acceptable) 3681 NW 73 WAY Coral Springs FL 33065 City FL    Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE			DATE 4/12/09		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PSD <b>NAME</b> BLACK, LANETTE <b>STREET ADDRESS</b> 201 S.E. 15 TERRACE, SUITE 203 <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33065	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Anthony Black <b>NAME</b> President <b>STREET ADDRESS</b> 3681 NW 73 WAY <b>CITY-ST-ZIP</b> Coral Springs FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SMITH, THAISEKE <b>STREET ADDRESS</b> 8790 GROUERS TURN LN <b>CITY-ST-ZIP</b> OWINGS, MD 20736	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> TD <b>NAME</b> JACKSON, ANTHONY L CPA <b>STREET ADDRESS</b> 2521 HOLLYWOOD BLVD. <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33325	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S <b>NAME</b> MASON, ERIC L <b>STREET ADDRESS</b> 3106 COUTEGO LN <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP <b>NAME</b> BLACK, ANTHONY <b>STREET ADDRESS</b> 3681 NW 73 RD WAY <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> C <b>NAME</b> CARVER, JOYCE <b>STREET ADDRESS</b> 2695 NW 7TH STREET <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>			DATE 4/12/09    954 5704046		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		