

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000000874

1. Entity Name
FINANCIAL FREEDOM CHRISTIAN COUNSELING
SERVICES, INC.



Principal Place of Business
767 SOUTH STATE RD 7
STE 20
MARGATE, FL 33068

Mailing Address
767 SOUTH STATE RD 7
STE 20
MARGATE, FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272004

Chg-NP

CR2E037 (10/03)

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, ANTHONY
3681 NW 73 WAY
CORAL GABLES, FL 33065

Name
John A. Machado

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

767 S. State Road 7, Suite 20

City
Margate

FL Zip Code
33068

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.

SIGNATURE

John A. Machado JOHN A. MACHADO Pres. 11/16/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME BLACK, ANTHONY
STREET ADDRESS 3681 NW 73 WAX
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE President / Director ☐ Change ☒ Addition
NAME John A. Machado
STREET ADDRESS 1503 Belmont Lane
CITY-ST-ZIP N. Lauderdale, FL 33068

TITLE D ☒ Delete
NAME SMITH, THAISEKE
STREET ADDRESS 8790 GROUERS TURN LN
CITY-ST-ZIP OWINGS, MD 20736

TITLE V. President / Director ☐ Change ☒ Addition
NAME Jerzell E. Quince
STREET ADDRESS 2028 NW 12th Avenue
CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE TD ☒ Delete
NAME JACKSON, ANTHONY L CPA
STREET ADDRESS 2521 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD, FL 33325

TITLE Secretary / Director ☐ Change ☒ Addition
NAME Jeanne-Arena
STREET ADDRESS 6576 NW 1st Court
CITY-ST-ZIP Margate, FL 33063

TITLE S ☒ Delete
NAME MASON, ERIC L
STREET ADDRESS 3106 COUTEGO LN
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400043286354
CITY-ST-ZIP 12/08/04--01064--004 **\$61.25

TITLE C ☒ Delete
NAME CARVER, JOYCE
STREET ADDRESS 2695 NW 7TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

John A. Machado JOHN A. MACHADO 11/16/04 954-570-7079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T. Lewis

FILED
04 DEC -6 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

