## 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

J. : 248

FINANCIAL FREEDOM CHRISTIAN COUNSELING  Principal Prince of Business 767 SURTH STATE RD 7 757	DOCUMENT # N0000000874						FILED		
MARCATE, FL 33068   MARC				COUNSELING			04 DEC -6 AN II: 00		
2. Principal Place of Business  Sulfa, April M, etc.  Sulfa, April	767 SOUTH STATE RD 7 STE 20			767 SOUTH STATE RD 7 Ste 20			SECRETARY OF STATE FALLAHASSEE, FLORIDA		
Sulle, Apl. #, etc.   Sulle, Apl. #, etc.   10272064 Chg.NP   CR2E037 (10/05)  City & State   City & State   City & State   A. FEI Number 31-1693907   No. Applied For 31-1693907   No. Applie	MARGATE, FL 33068			MARGATE, FL 33068			E TOTALINO ERE ATOM DERIG TOM DERIG TERM DERIG DATON DERIG HAD ATOM DE PRESENTA		
City & State  City & State  City & State  City & State  Country  Zip  Country  Sign In March address of Current Registered Agent  The Recognized First Recognized F	2. Principal P	lace of Busin	ess	3. Mailing Address			T INCHINI DIA BRAN BRAN BRAN BRAN BRAN BRAN BRAN BRA		
Secretary   Secr	Suite, Apt. #, etc.		Suite, Apt. #, etc.			10272004 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent  7. Name and Address of Registered Agent  Name John A. Machado  Street Address (P.C. Box Number is Not Acceptable)  767 S. State Road 7, Suite 20  Cay Margate FL 33 068  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Amended AR is \$61.25  SEDENATURE  SEDENATURE	City & State		City & State			24 4602007			
BLACK, ANTHONY 3681 MW 73 WAY CORAL GABLES, FL 33065    The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent.	Zip		Country	, Zip	Cou	untry			
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Signal NAW 73 WAY  CORAL GABLES, FL 33065  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of 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  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TIME  D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  President / Director   Change   ZhAddition John A. Machado Joh	BLACK AN	NTHONY		•		Name John A. Machado			
Total State   Road   7, Suite   20   City   Marcate   FL   33 068	3681 NW 73 WAY Street A						<del></del>		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligations of registered agent.  SIGNATURE	00.0.2		2 00000	•		767 S. State Road 7, Suite 20			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE				•					
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Trust Fund Contribution. Added to Fees   Florida Department of State.	SIGNATURE								
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NAME MASON, ERIC L SIREET ADDRESS 3106 COUTEGO LN SIREET ADDRESS 12/08/U401/06401/4 **\$1.25 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP  TITLE CARVER, JOYCE STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. 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 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 will an address, with all other like empowered.						<sub>-st-zip</sub>  657			
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T. Lews