

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004361

1. Entity Name
B ENCOURAGED FREEDOM MINISTRIES, INC.



Principal Place of Business
4102 MEREDITH DRIVE
VALRICO, FL 33594

Mailing Address
4102 MEREDITH DRIVE
VALRICO, FL 33594



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3655855	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRENT, ELIZABETH L
4102 MEREDITH DRIVE
VALRICO, FL 33594

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRENT, ELIZABETH L 4102 MEREDITH DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERZ, JANET S 4102 MEREDITH DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, RONALD W II 2208 HERNDON STREET DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, WINDY L 2208 HERNDON STREET DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDON, CHANDRA 6413 CRYSTAL BROOK DRIVE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Elizabeth L Trent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04 (813) 653-2757
Date Daytime Phone #