

**2008 NOT-~~FOR~~-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 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**



01292008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3655855**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**U000000907838**  
**05/06/08-80004-011 61.25**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Trent*  
**ELIZABETH TRENT, PRES.**

**4/14/08** **813 653 2757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #