

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90369 013 \*\*\*\*61.25

**DOCUMENT # N01000000869**

1. Entity Name

**FREEDOM FELLOWSHIP MINISTRIES, INC.**

Principal Place of Business

**4501 BIRCHWOOD PKWY  
 LABELLE FL 33975**

Mailing Address

**POST OFFICE BOX 1797  
 LABELLE FL 33975-1797**

2. Principal Place of Business

**1301 HWY 29 North**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Labelle, FL**

City & State

Zip

Country

**33935**

**USA**

Zip

Country

4. FEI Number

**65-0967622**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**EDGAR, DARYL D  
 4013 ALBANY ROAD  
 POST OFFICE BOX 2361  
 LABELLE FL 33975-2361**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **EDGAR, DARYL D**  
 STREET ADDRESS **4013 ALBANY ROAD/PO BOX 2361**  
 CITY-ST-ZIP **LABELLE FL 33975-2361**

TITLE ☐ Delete  
 NAME **EDGAR, MARSHA D**  
 STREET ADDRESS **4013 ALBANY ROAD/PO BOX 2361**  
 CITY-ST-ZIP **LABELLE FL 33975-2361**

TITLE ☐ Delete  
 NAME **COOPER, BRUCE**  
 STREET ADDRESS **4805 CORNELIA DRIVE/PO BOX 771**  
 CITY-ST-ZIP **LABELL FL 33975-0771**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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 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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/02 863-612-9899**

Date

Daytime Phone #

CR2E037 (9/01)