

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90125 012 ****61.25

DOCUMENT # N01000000869

1. Entity Name

FREEDOM FELLOWSHIP MINISTRIES, INC.



Principal Place of Business

**1301 HWY 29N
LABELLE FL 33935**

Mailing Address

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

2. Principal Place of Business

1301 Hwy 29N

3. Mailing Address

P.O. Box 1797

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Labelle, FL

City & State

Labelle, FL

4. FEI Number **65-0967622**

Applied For

Not Applicable

Zip

33935

Country

Hendry

Zip

33975

Country

Hendry

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 **MARSHA D. EDGAR**
Street Address (P.O. Box Number is Not Acceptable)
580 Brittany Lane
City **Labelle** FL Zip Code **33935**

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

Marsha D. Edgar Pastor

DATE

2/10/03

FILE NOW: FEE 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

TITLE	T	<input type="checkbox"/> Delete
NAME	EDGAR, DARYL D	
STREET ADDRESS	4013 ALBANY ROAD/PO BOX 2361	
CITY-ST-ZIP	LABELLE FL 33975-2361	
TITLE	T	<input type="checkbox"/> Delete
NAME	EDGAR, MARSHA D	
STREET ADDRESS	4013 ALBANY ROAD/PO BOX 2361	
CITY-ST-ZIP	LABELLE FL 33975-2361	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOPER, BRUCE	
STREET ADDRESS	4805 CORNELIA DRIVE/PO BOX 771	
CITY-ST-ZIP	LABELL FL 33975-0771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marsha D. Edgar

2/10/03

863-62-9899

CR2E037 (10/02)