

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003930

FILED  
Apr 16, 2002 8:00 AM  
Secretary of State

**Entity Name:** FREEDOM MINISTRIES OF VERO BEACH, INC.

**Current Principal Place of Business:**

PO BOX 417  
VERO BEACH, FL 32961

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 417  
VERO BEACH, FL 32961

**New Mailing Address:**

**FEI Number:** 59-3722360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HATCH, IRA C  
1701 HWY. A1A, STE. 220  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: AQUINO, KIMBERLY  
Address: PO BOX 417  
City-St-Zip: VERO BEACH, FL 32961

Title: D ( ) Delete  
Name: AQUINO, LUDIN  
Address: PO BOX 417  
City-St-Zip: VERO BEACH, FL 32961

Title: DVS ( ) Delete  
Name: LOPEZ, PAULA  
Address: PO BOX 417  
City-St-Zip: VERO BEACH, FL 32961

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY AQUINO

DPT

04/16/2002

Electronic Signature of Signing Officer or Director

Date