

2002 UNIFORM BUSINESS REPORT (UBR)

2/4

FILED
Mar 18, 2002 8:00 am
Secretary of State

02-04-2002 90023 020 ****61.25

DOCUMENT # N01000005890

1. Entity Name

FREEDOM COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

**12043 COBBLESTONE DRIVE
HUDSON FL 34667**

**12043 COBBLESTONE DRIVE
HUDSON FL 34667**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**HAY, CEDRIC P
12312 US HWY 19 NORTH
HUDSON FL 34667**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME James C. Van Winkle D
STREET ADDRESS 10939 Kenmore Drive
CITY-ST-ZIP New Port Richey, FL 34654

TITLE ☐ Delete

NAME SECRETARY
STREET ADDRESS Dorinne Aveson Dawes D
CITY-ST-ZIP 12888 Linden Drive
Spring Hill, FL 34609

TITLE ☐ Delete

NAME TREASURER
STREET ADDRESS RoseMarie Sieber D
CITY-ST-ZIP 12633 Box Drive
Hudson, FL 34667

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

DORINNE AVESON DAWES

Dorinne Aveson Dawes

1/16/02

727-819-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)