2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002154

Entity Name: FREEDOM IN CHRIST MINISTRIES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12278 SUNSHINE GROVE ROAD 618 DIRE-DAWA AVE BROOKSVILLE, FL 34614 BROOKSVILLE, FL 34601

Current Mailing Address: New Mailing Address:

12278 SUNSHINE GROVE ROAD 27199 FERNERY AVE BROOKSVILLE, FL 34614 BROOKSVILLE, FL 34602

FEI Number: 75-3021080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GOODMAN, RANDY J ROBINSON, WILLIAM
11251 NORVELL RD 621 DIRE-DAWA AVE
SPRING HILL, FL 34608 US BROOKSVILLE, FL 34601 US

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: WILLIAM ROBINSON 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:GOODMAN, RANDY JName:ROBINSON, WILLIAMAddress:P.O. BOX 10464Address:621 DIRE-DAWA AVE.

Address: P.O. BOX 10464 Address: 621 DIRE-DAWA AVE.
City-St-Zip: BROOKSVILLE, FL 34603 City-St-Zip: BROOKSVILLE, FL 34601

Title: () Delete Title: (X) Change () Addition Name: GOODMAN, ASHLEY I Name: CLARK, CLARENCE D Address: 12278 SUNSHINE GROVE RD Address: 27199 FERNERY AVE. City-St-Zip: BROOKSVILLE, FL 34614 City-St-Zip: BROOKSVILLE, FL 34602

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 GOODMAN, JULIE A
 Name:
 ROBINSON, LILLIE

 Address:
 P.O. BOX 10464
 Address:
 621 DIRE-DAWA AVE.

 City-St-Zip:
 BROOKSVILLE, FL 34603
 City-St-Zip:
 BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM ROBINSON PD 04/30/2008