


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N02000004793 1. Entity Name FREE AT LAST MINISTRY, INC.	
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Principal Place of Business 4000 W. FAIRFIELD PENSACOLA, FL 32505	Mailing Address PO BOX 9893 PENSACOLA, FL 32513 US
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3537925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEWIS, DOROTHY R 4526 FLORELLE WAY PENSACOLA, FL 32505	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, RONALD JR. 9022 N. PALAFOX ST. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, RONALD SR. 1918 MAXWELL STREET PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, MARIO 2620 NORTH "E" STREET PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAMES 1643 W. SCOTT STREET PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000757792
05/23/07-80086-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ronald Gibson **7/30/07** **850 5014547**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #