


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006023 1. Entity Name FREEDOM IN CHRIST CHURCH MINISTRIES, INC.	
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Principal Place of Business P O BOX 923 LAKELAND, FL 33802	Mailing Address P O BOX 923 LAKELAND, FL 33802
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04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2680529	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, MICHAEL A 225 N FLORIDA AVE LAKELAND, FL 33802-1397	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, NAPOLEON 1218 BUENA DR LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOD, ROBERT 5818 BUCKRUN DR LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, LARRY 4320 OLD COLONY RD MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, RALPH 635 CANDYCE AVE LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, HORACE 1411 W 9TH ST LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05 **863-686-7344**
Date Daytime Phone