2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

OF SIGNI

OFFICER OR DIRECTOR

SIGNATURE:

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # N03000008431 1. Entity Name 04-22-2004 90059 015 ****61.25 FREEDOM TOWERS CHURCH INC. Principal Place of Business Mailing Address 871 TOWNSEND BLVD. P. O. BOX 671 アオハハエハハハ JACKSONVILLE FL 32211-6106 YULEE FL 32041 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KINGSLEY, PATRICIA L 1722 8TH ST., SUITE 5 Street Address (P.O. Box Number is Not Acceptable) FERNANDINA BCH FL 32034 City Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition KINGSley, SCOTT A. KINGSLEY, SCOTT A NAME NAME 86184 Famnik ST. 3034 JAMNIK ST. STREET ADDRESS STREET ADDRESS YULEE FL 32041 Yulec. F1 32097 CiTY-ST-ZIP CITY-ST-ZIP 5-T-D Kingsley, Patricia L. TITLE ☐ Delete TITLE Addition Change STEPHENS, NORMA J NAME BUIBY JAMNIK ST. 601 N. NEWMAN ST. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32202 Yulee. Fl 32097 CITY-ST-ZIP CITY-ST-7IP Defete TITLE Change ☐ Addition KING, TROY D NAME NAME STREET ADDRESS 5456 CHENANGO BLVD: STREET ADDRESS JACKSONVILLE FL 32254 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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