

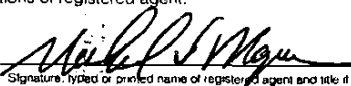
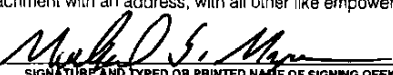


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90142 038 ****61.25

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # N03000009697 1. Entity Name FREEDOM IN CHRIST CHURCH, INC. | | | |  | |
| Principal Place of Business 3942 TOWNSEND BLVD JACKSONVILLE, FL 32277 | | | Mailing Address 3942 TOWNSEND BLVD JACKSONVILLE, FL 32277 | | |
| 2. Principal Place of Business 211 E. 46th St Suite, Apt. #, etc. | | 3. Mailing Address 211 E. 46th Street Suite, Apt. #, etc. | |  | |
| City & State Jacksonville FL | | City & State Jacksonville FL | | 4. FEI Number 75-3134199 | |
| Zip 32208 | | Country Dual | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOYER, MICHAEL S 3942 TOWNSEND BLVD JACKSONVILLE, FL 32277 | | | | 7. Name and Address of New Registered Agent Name Michael Moyer Street Address (P.O. Box Number is Not Acceptable) 211 E 46th Street City Jacksonville FL Zip Code 32208 | |
| 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  8/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete MOYER, MICHAEL S 3942 TOWNSEND BLVD JACKSONVILLE, FL 32277 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete KAPPS, ROBERT L 203 N HUDSON BUCKNER, MO 64016 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete BATTINELLI, ROBERT R III 1550 CARLOTTA RD W JACKSONVILLE, FL 32211 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input type="checkbox"/> Delete MCELROY, PENNY C 3942 TOWNSEND BLVD JACKSONVILLE, FL 32277 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition Trishkaen Penny McElroy 211 E 46th Street Jacksonville FL 32208 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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:  8/24/05 904 641 0066 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |