2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# N04000006321

Entity Name: FREEDOM SEMINARY OF THE TREASURE COAST, INC.

Current Principal Place of Business:

2225 SW IMPORT DRIVE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2225 SW IMPORT DRIVE
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROACH, ROBERT
2225 SW IMPORT DRIVE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TP ( ) Delete
Name: ROACH, ROBERT
Address: 2225 SW IMPORT DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: TVP ( ) Delete
Name: VARELLA, FRANK DR.
Address: 319 OLIVE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TST ( ) Delete
Name: MCMAHON, BRIAN
Address: 5 MELODY HILL
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change ( ) Addition
Name: ROACH, ROBERT
Address: 2225 SW IMPORT DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP (X) Change ( ) Addition
Name: VARELLA, FRANK DR.
Address: 319 OLIVE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PRES (X) Change ( ) Addition
Name: CROWE, RICHARD R DR.
Address: 3342 SW HOSANAH LANE
City-St-Zip: OKEECHOBEE,, FL 34974

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: DR. RICHARD CROWE PRES 03/12/2008

Electronic Signature of Signing Officer or Director — Date