

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010251

FILED  
Mar 25, 2007  
Secretary of State

Entity Name: FREE INDEED MINISTRIES, INC.

## Current Principal Place of Business:

7411 MERRILL ROAD  
JACKSONVILLE, FL 32277

## New Principal Place of Business:

1227 BAYBREEZE DRIVE  
JACKSONVILLE, FL 32225

## Current Mailing Address:

2771-29 MONUMENT RD  
SUITE #336  
JACKSONVILLE, FL 32225

## New Mailing Address:

FEI Number: 20-1573781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STANFIELD, LAWRENCE W  
1227 BAYBREEZE DRIVE  
JACKSONVILLE, FL 32225      US

## Name and Address of New Registered Agent:

STANFIELD, LAWRENCE W PRES.  
1227 BAYBREEZE DRIVE  
JACKSONVILLE, FL 32225      US

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: LAWRENCE W. STANFIELD

03/25/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DR      ( ) Delete  
Name: BAILEY, PRESTON T  
Address: 4300 S MANHATTAN AVE  
City-St-Zip: TAMPA, FL 33611

Title: D      (X) Delete  
Name: FLORES, VALERIE  
Address: 631 ASHCROFT LANDING DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D      ( ) Delete  
Name: SHREVE, MICHELE  
Address: 3917 BESS ROAD  
City-St-Zip: JACKSONVILLE, FL 32277

Title: MRS.      ( ) Delete  
Name: STANFIELD, LYNNE A  
Address: 1227 BAYBREEZE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DR      ( ) Delete  
Name: STANFIELD, LAWRENCE W  
Address: 1227 BAYBREEZE DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D      ( ) Delete  
Name: STANFIELD, LYNNE A  
Address: 1227 BAYBREEZE DR  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR      (X) Change ( ) Addition  
Name: BAILEY, PRESTON T DIR  
Address: 10177 SAILWINDS BLVD. S.  
City-St-Zip: LARGO, FL 33773

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: SHREVE, MICHELE DIR.  
Address: 3917 BESS ROAD  
City-St-Zip: JACKSONVILLE, FL 32277

Title: MRS.      (X) Change ( ) Addition  
Name: STANFIELD, LYNNE A DIR.  
Address: 1227 BAYBREEZE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D      (X) Change ( ) Addition  
Name: STANFIELD, LAWRENCE W PRES.  
Address: 1227 BAYBREEZE DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D      (X) Change ( ) Addition  
Name: STANFIELD, LYNNE A DIR.  
Address: 1227 BAYBREEZE DR  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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: LAWRENCE W. STANFIELD

PRES

03/25/2007

Electronic Signature of Signing Officer or Director

Date