2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# N04000010251

Entity Name: FREE INDEED MINISTRIES, INC.

Current Principal Place of Business:

1227 BAYBREEZE DRIVE
JACKSONVILLE, FL 32225

New Principal Place of Business:

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 PRES.
1227 BAYBREEZE DRIVE
JACKSONVILLE, FL 32225 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: DR ( ) Delete
Name: BAILEY, PRESTON T DIR
Address: 10177 SAILWINDS BLVD. S.
City-St-Zip: LARGO, FL 33773

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LAWRENCE W. STANFIELD PRES 02/27/2008

Electronic Signature of Signing Officer or Director — Date