2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2007
Secretary of State

DOCUMENT# N04000010441

Entity Name: FREEDOM THROUGH CHRIST MINISTRIES, INC.

Current Principal Place of Business:

8322 QUAIL RUN DRIVE
WESLEY CHAPEL, FL 33544 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 280282
TAMPA, FL 33682 US

New Mailing Address:

FEI Number: 20-1850293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIBLE, ROBERT W ESQ.
4600 W. CPYRESS STREET
SUITE 500
TAMPA, FL 33607 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: D ( ) Delete
Name: HUGHES, SEAN
Address: 26236 BLUESTRIPE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Delete
Name: HOLM, MICHAEL PASTOR
Address: 6730 NORTH LAKE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D ( ) Delete
Name: NAFFZIGER, BRAD
Address: 423 EAST COUNTY LINE ROAD
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: SPENCELEY, EDWARD
Address: 7824 EHREN CEMETERY ROAD
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: SIERSEMA, EDWIN
Address: 1604 PARKER POINTE BLVD.
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: RICHARDS, SUSAN
Address: 9402 SAINT LEGER PLACE
City-St-Zip: WESLEY CHAPEL, FL 33544

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:

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

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: SUSAN RICHARDS D 03/18/2007

Electronic Signature of Signing Officer or Director — Date