2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010441

FILED Mar 27, 2009 Secretary of State

Entity Name: FREEDOM THROUGH CHRIST MINISTRIES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	IL RUN DRIVE CHAPEL, FL 3				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P. O. BOX TAMPA, FI		3			
FEI Number:	20-1850293	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
4600 Ŵ. C SUITE 500	BERT W ESQ PYRESS STR) L 33607 US				
	named entity s e of Florida.	submits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () HUGHES, SEAN 26236 BLUEST WESLEY CHAR	RIPE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SIERSEMA, ED 1604 PARKER ODESSA, FL 3	POINT BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NAFFZIGER, B	NTY LINE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SPENCELEY, E	EMETERY ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:			Title:	() Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	D () RICHARDS, SU 9402 ST LEGE WESLEY CHAR	R PLACE	Name: Address: City-St-Zip:	()g- ()	

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: SUSAN RICHARDS D 03/27/2009