

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010699

FILED
May 16, 2009
Secretary of State

Entity Name: FREEDOM FELLOWSHIP CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

1528 N. E. TURNER AVE.
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1209
ARCADIA, FL 34265

New Mailing Address:

FEI Number: 91-0680098 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VINCENT A. SICA, P.A.
10 SOUTH DESOTA AVENUE
SUITE 101
ARCADIA, FL 34266 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOODMAN, SHARON T REV. DR
Address: 7 WEST OWENS AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: S () Delete
Name: DAWKINS, CYNTHIA
Address: 321 SINGLETON AVE
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: GOODMAN, MARION E JR
Address: 7 WEST OWENS AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: BM () Delete
Name: SYMONS, PATSY
Address: P.O. BOX 2113
City-St-Zip: ARCADIA, FL 34265

Title: BM () Delete
Name: HALL, DON MR
Address: 115 EAST OAK STREET
City-St-Zip: ARCADIA, FL 34266

Title: BM () Delete
Name: BOWERS, RICHARD
Address: 1937 SOUTHWEST HENDRY STREET
City-St-Zip: ARCADIA, FL 34266

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
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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: REV. DR. SHARON T. GOODMAN

P

05/16/2009

Electronic Signature of Signing Officer or Director

Date