

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N05172

1. Entity Name

KEYS TO FREEDOM MINISTRIES, INC.



Principal Place of Business

1350 E MAIN ST
LAKELAND FL 33801
US

Mailing Address

P.O. BOX 91995
LAKELAND FL 33804
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2433460

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOOK, JOY
1145 WATERS EDGE DR
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CHASE, PAUL
STREET ADDRESS 623 ADAMS RD
CITY-ST-ZIP ST. CLOUD FL

TITLE ☐ Change ☐ Addition
NAME 1100000888969
STREET ADDRESS 04/22/08-80034-020 51.25
CITY-ST-ZIP

TITLE TDS ☐ Delete
NAME CHASE, SHELLEE GAYE
STREET ADDRESS 623 ADAMS RD
CITY-ST-ZIP ST. CLOUD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME TURNER, MARK
STREET ADDRESS 4709 SOUTH JAMESTOWN
CITY-ST-ZIP TULSA OK

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME CHASE, BERTHA
STREET ADDRESS 623 ADAMS RD
CITY-ST-ZIP ST. CLOUD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Bertha Chase Bertha Chase

4-7-08