

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90968 040 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2433460**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHOOK, JOY  
1145 WATERS EDGE DR  
PO BOX 91995  
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name

**Joy Wilson**

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

**1145 Waters Edge Dr.**

City

**Lakeland**

FL

Zip Code

**33801**

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 type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-21-03**

**FILE NOW: FEE IS \$61.25**

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

TITLE **PD** ☐ Delete

NAME **CHASE, PAUL**  
STREET ADDRESS **623 ADAMS RD**  
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **TDS** ☐ Delete

NAME **CHASE, SHELLEE GAYE**  
STREET ADDRESS **623 ADAMS RD**  
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **VD** ☐ Delete

NAME **TURNER, MARK**  
STREET ADDRESS **4709 SOUTH JAMESTOWN**  
CITY-ST-ZIP **TULSA OK**

TITLE **AS** ☐ Delete

NAME **CHASE, BERTHA**  
STREET ADDRESS **623 ADAMS RD**  
CITY-ST-ZIP **ST. CLOUD FL**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-16-03 401-892-2965**

CR2E037 (10/02)