

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000178

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** ALEXIS FREEMAN MINISTRIES, INC.

**Current Principal Place of Business:**

8508 DANVERS CT  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 555934  
ORLANDO, FL 32855

**New Mailing Address:**

**FEI Number:** 20-4054510      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

FREEMAN, ALEXIS L  
8508 DANVERS CT.  
ORLANDO, FL 32818      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  
Name: FREEMAN, ALEXIS L  
Address: P.O. BOX 555934  
City-St-Zip: ORLANDO, FL 32855

Title: VP  
Name: JONES, TERESA Y  
Address: P.O. BOX 555934  
City-St-Zip: ORLANDO, FL 32855

Title: S  
Name: SAVAGE, PATRICIA A  
Address: P.O. BOX 555934  
City-St-Zip: ORLANDO, FL 32855

Title: T  
Name: GIBSON, SHARON D  
Address: P.O. BOX 555934  
City-St-Zip: ORLANDO, FL 32855

I hereby 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 all other like empowered.

SIGNATURE: ALEXIS FREEMAN

P

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date