

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007590

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** FREE & RESTORED EVANGELISTIC MINISTRY, INC.

**Current Principal Place of Business:**

2450 RAMBLING OAKS WAY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

4705 FAIRWEATHER CT.  
KISSIMMEE, FL 34758

**Current Mailing Address:**

PO BOX 421005  
KISSIMMEE, FL 34742

**New Mailing Address:**

**FEI Number:** 33-1173663      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, KAYLA  
2450 RAMBLING OAKS WAY  
KISSIMMEE, FL 34746      US

**Name and Address of New Registered Agent:**

JOHNSON, KAYLA  
4705 FAIRWEATHER CT.  
KISSIMMEE, FL 34758      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: KAYLA JOHNSON

02/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: JOHNSON, KAYLA  
Address: 2450 RAMBLING OAKS WAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: VC ( ) Delete  
Name: JOHNSON, ALVIN  
Address: 2450 RAMBLING OAKS WAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: S ( ) Delete  
Name: MCCARTNEY, LYNDIA  
Address: 4262 SHADOW WOOD LANE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Delete  
Name: HIGGINS-BENJAMIN, ANDREA  
Address: 843 CYPRESS PARKWAY #330  
City-St-Zip: KISSIMMEE, FL 34759

Title: T ( ) Delete  
Name: BELL, CYNTHIA  
Address: 2900 DUDLEY DR  
City-St-Zip: BARTOW, FL 33830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: JOHNSON, KAYLA  
Address: 4705 FAIRWEATHER CT.  
City-St-Zip: KISSIMMEE, FL 34758

Title: VC (X) Change ( ) Addition  
Name: JOHNSON, ALVIN  
Address: 4705 FAIRWEATHER CT.  
City-St-Zip: KISSIMMEE, FL 34758

Title: ( ) Change ( ) Addition  
Name:  
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: KAYLA JOHNSON

C

02/02/2009

Electronic Signature of Signing Officer or Director

Date