

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N08000005604

Entity Name: FREEDOM ABUNDANCE INDEPENDENCE TRIUMPH & HEALING MINISTRIES OF AMERICA,
INCORPORATED

Current Principal Place of Business:

1995 WAGES WAY
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9241
JACKSONVILLE, FL 32208

New Mailing Address:

1995 WAGES WAY
JACKSONVILLE, FL 32218

FEI Number: 26-4599487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, CLESTON
1995 WAGES WAY
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

ROBERTS, CLESTON P
1995 WAGES WAY
JACKSONVILLE, FL 32218 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: CLESTON ROBERTS

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, CLESTON
Address: 1995 WAGES WAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: ALEXANDER, HATTIE
Address: 967 COBBLESTONE DR
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: GASTON, ED
Address: 1725 OAKHURST AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: WASHINGTON, GLENDA
Address: 1046 MACKINAW ST
City-St-Zip: JACKSONVILLE, FL 32254

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
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: CLESTON ROBERTS, II

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date