

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:21

DOCUMENT # N10270 (9)

1. Corporation Name

JESUS WILL SET YOU FREE, INC.

Principal Place of Business

6862 CANDLEWOOD DRIVE
P O BOX 7158
FT. MYERS FL 33919

Mailing Address

6862 CANDLEWOOD DRIVE
P O BOX 7158
FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1985

3a. Date of Last Report

07/21/1994

4. FEI Number

59-2657893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 12995 Cleveland Ave

2a. Mailing Address

26 PO Box 7158

Suite, Apt. #, etc.

22 252

Suite, Apt. #, etc.

27 -

City & State

23 Ft Myers, FL

City & State

28 Ft Myers, FL

Zip

24 33919

Country

25 Lec

Zip

29 33919

Country

30 Lec

9. Name and Address of Current Registered Agent

POMPLIANO, LUCY E
6862 CANDLEWOOD DR
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lucy E. Pompliano

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POMPLIANO, LUCY E
STREET ADDRESS	6862 CANDLEWOOD DR
CITY - ST - ZIP	FT MYERS FL
TITLE	D
NAME	POMPLIANO, GEORGE C
STREET ADDRESS	6862 CANDLEWOOD DR
CITY - ST - ZIP	FT MYERS FL
TITLE	D
NAME	MURPHY, ARLINE
STREET ADDRESS	1409 SE 46 LANE #101
CITY - ST - ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lucy E. Pompliano V.P.

(Signature and typed or printed name of signing officer or director)

Lucy E. Pompliano

2/9/95

Date

936-3733

(Telephone Number)