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Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24301** (6)

1. Corporation Name

**SPIRITUAL FREEDOM MISSION, INC.**



Principal Place of Business <b>3301 N. 72ND TERRACE C/O REV. DEBORAH CHARNIN HOLLYWOOD FL 33024</b>	Mailing Address <b>3301 N. 72ND TERRACE C/O REV. DEBORAH CHARNIN HOLLYWOOD FL 33024-2416</b>
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3. Date Incorporated or Qualified <b>01/12/1988</b>	3a. Date of Last Report <b>04/10/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>65-0133038</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CHARNIN, DEBORAH 3301 NORTH 72ND TERRACE HOLLYWOOD FL 33024</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP CHARNIN, DEBORAH 3301 N. 72ND TERRACE HOLLYWOOD FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>WILLIAM L. DECKMAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D 3321 N 72 TERRACE HOLLYWOOD FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV CHARNIN, MICHAEL 3301 NORTH 72ND TERRACE HOLLYWOOD FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>MARIAN L. DECKMAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D 3321 N 72 TERRACE HOLLYWOOD FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CERNUTO, MARIA 611 N. 55TH AVENUE HOLLYWOOD FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>JAMES N. KROTZER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P 1140 NE 9 AVENUE #4 FT LAUDERDALE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FISHER, DIANE 22477 SWORDFISH DRIVE BOCA RATON FL</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>CHRISTINE A. SNYDER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P 1140 NE 9 AVENUE #4 FT. LAUDERDALE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>DENISE L. ORMISTON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P 104 GARDENS DR. #102 POMPANO BEACH, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah Charnin **Deborah Charnin** 3/25/97 (854) 989-4155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023794

CR2E037 (9/96)