2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am [§] Secretary of State **DOCUMENT # N24301** 1. Entity Name SPIRITUAL FREEDOM MISSION, INC. 03-26-2001 90004 023 ****61 25 Principal Place of Business Mailing Address 3301 N. 72ND TERRACE 3301 N. 72ND TERRACE HOLLYWOOD FL 33024-2416 HOLLYWOOD FL 33024-2416 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0133038 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CHARNIN, DEBORAH 3301 NORTH 72ND TERRACE HOLLYWOOD FL 33024-2416 City Zip Code FL 8. 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHARNIN, DEBORAH NAME NAME STREET ADDRESS 3301 N. 72ND TERRACE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP D۷ TITLE ☐ Delete TITLE Change Addition CHARNIN, MICHAEL NAME NAME STREET ADDRESS 3301 N. 72ND TERRACE STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP HOLLYWOOD FL 33024 TITLE ☐ Delete TITLE Change ☐ Addition Fisher, Diane 3410 Banks Road, Apt 103 FISHER, DIANE NAME NAME STREET ADDRESS 3080 N. COARSE DR. #207 STREET ADDRESS margate, Florida, 33063 CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33069 TITLE Delete TITI F ☐ Addition NAME KROTZER, JAMES NAME STREET ADDRESS 2841 NE 7TH TERR. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

WORER Charnin 3/20/01 SIGNATURE: De