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

APPROVED AND FILED
95 APR 23 PM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38670 (8)

1. Corporation Name
FREE INDEED MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 2154 TITUSVILLE FL 32781 US	PO BOX 2154 TITUSVILLE FL 32781 US

3. Date Incorporated or Qualified: 06/15/1990
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3013237 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3905 RANEY RD	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TITUSVILLE FL	28 City & State
24 Zip: 32780 25 Country: US	29 Zip 30 Country

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANIS, RICK ~~2785 PINE RIDGE DRIVE~~ TITUSVILLE FL 32780	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1020-B TREE LN 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, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	MANIS, RICK	1.2 NAME		
STREET ADDRESS	2785 PINE RIDGE DRIVE	1.3 STREET ADDRESS	1020-B TREE LN	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	MANIS, TERESA	2.2 NAME		
STREET ADDRESS	2785 PINE RIDGE DRIVE	2.3 STREET ADDRESS	1020-B TREE LN	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	JENKINS, JOHN	3.2 NAME		
STREET ADDRESS	805 POINSETTIA ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	TD	☐ Change ☒ Addition
NAME		4.2 NAME	MARIE JENKINS	
STREET ADDRESS		4.3 STREET ADDRESS	805 POINSETTIA ST	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Rick Manis RICK MANIS 1-11-95 407-267-3587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032449