

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38670

(8)

1. Corporation Name

FREE INDEED MINISTRIES, INC.



Principal Place of Business

3905 RANEY RD
TITUSVILLE FL 32780
US

Mailing Address

PO BOX 2154
TITUSVILLE FL 32781
US

3. Date Incorporated or Qualified
06/15/1990

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 5195 S. WASHINGTON AVE.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

23 TITUSVILLE FL

24 Zip 32780

Country

25 US

City & State

27

Zip

29

Country

30

4. FEI Number
59-3013237

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

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

9. Name and Address of Current Registered Agent

MANIS, RICK
1020-B TREE LN
TITUSVILLE FL 32780

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 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 12

TITLE PD
NAME MANIS, RICK
STREET ADDRESS 1020-B TREE LN
CITY - ST - ZIP TITUSVILLE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE SD
NAME MANIS, TERESA
STREET ADDRESS 1020-B TREE LN
CITY - ST - ZIP TITUSVILLE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE VD
NAME JENKINS, JOHN
STREET ADDRESS 805 PIONSETTIA ST.
CITY - ST - ZIP TITUSVILLE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE TD
NAME MARIE JENKINS
STREET ADDRESS 805 PIONSETTIA ST
CITY - ST - ZIP TITUSVILLE FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-96

107-269-3587

CR2E037 (12/95)