

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN -5 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N38670 (8)

1. Corporation Name

FREE INDEED MINISTRIES, INC.

Principal Place of Business

Mailing Address

5185 S. WASHINGTON AVENUE
TITUSVILLE FL 32780
US

PO BOX 2154
TITUSVILLE FL 32781
US

3. Date Incorporated or Qualified

06/15/1990

4. FEI Number

59-3013237

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1946 EXCALIBUR DR
Suite, Apt. #, etc.

26 PO BOX 574267
Suite, Apt. #, etc.

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

Zip

Country

24 32822

25 USA

Zip

Country

29 32857

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANIS, RICK
1767 AYSHIRE DR
TITUSVILLE FL 32796

81 Name

RICK MANIS

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

1946 EXCALIBUR DR

83

84 City

ORLANDO

FL

85 Zip Code

32822

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

RICK MANIS

RICK MANIS - PRESIDENT

4-17-98

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 ☐ DELETE

NAME MANIS, RICK
STREET ADDRESS 1767 AYSHIRE DR
CITY-ST-ZIP TITUSVILLE FL

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME MANIS, RICK
1.3 STREET ADDRESS 1946 EXCALIBUR DR
1.4 CITY-ST-ZIP ORLANDO FL 32822

TITLE SD ☐ DELETE

NAME MANIS, TERESA
STREET ADDRESS 1767 AYSHIRE DR
CITY-ST-ZIP TITUSVILLE FL

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME MANIS, TERESA
2.3 STREET ADDRESS 1946 EXCALIBUR DR
2.4 CITY-ST-ZIP ORLANDO FL 32822

TITLE VD ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

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

4.1 TITLE 2000025529 ☒ Change ☐ Addition

4.2 NAME -06/03/98--01068--003
4.3 STREET ADDRESS *****61.25 *****61.25
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 - PRESIDENT

4-17-98

407-207-6112

CR2E037 (10/97)