

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 # N42352

(7)

1. Corporation Name

FREEDOM TABERNACLE, INC.



Principal Place of Business

4517 NEPTUNE RD
ST. CLOUD FL 34769

Mailing Address

4517 NEPTUNE RD
ST. CLOUD FL 34769

3. Date Incorporated or Qualified

03/05/1991

3a. Date of Last Report

12/08/1995

2. Principal Place of Business

2a. Mailing Address

21 4517 Neptune Rd.
Suite, Apt. #, etc.

26 P.O. Box 70211
Suite, Apt. #, etc.

4. FEI Number

59-3095428

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

22 City & State
23 St. Cloud FL
24 34769 25 Osceola 26 34770-2111 27 Osceola

9. Name and Address of Current Registered Agent

LEE, ARTHUR J.
1441 WOODLAKE CIRCLE
ST. CLOUD FL 34772

10. Name and Address of New Registered Agent

81 Name

Same

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

2/6/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	LEE, ARTHUR J.	1441 WOODLAKE CIRCLE	ST. CLOUD FL 34772	<input type="checkbox"/>
DV	LEE, DEBRA A.	1441 WOODLAKE CIRCLE	ST. CLOUD FL 34772	<input type="checkbox"/>
D	LOLLIS, HUGH O. KEE	4870 PINETREE DR	ST. CLOUD FL	<input type="checkbox"/>
STD	BECCERA, CONNIE	313 MONTANA AVE.	ST. CLOUD FL 34769	<input type="checkbox"/>
D	LOLLIS, SYLVIA A	4870 PINETREE DR.	ST. CLOUD FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arthur J. Lee

2/6/96

407-952-6377

CR2E037 (12/95)