


FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N42352** (7)  
1. Corporation Name  
**FREEDOM TABERNACLE INTERNATIONAL OUTREACH MINISTRIES, INC.**

Principal Place of Business  
**4517 NEPTUNE RD  
ST. CLOUD FL 34769**

Mailing Address  
**PO BOX 702111  
ST. CLOUD FL 34770-2111  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/05/1991</b>	3a. Date of Last Report <b>04/25/1996</b>
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number <b>59-3095428</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>LEE, ARTHUR J. 1441 WOODLAKE CIRCLE ST. CLOUD FL 34772</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	LEE, ARTHUR J.	1.2 NAME	
STREET ADDRESS	1441 WOODLAKE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34772	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	LEE, DEBRA A.	2.2 NAME	
STREET ADDRESS	1441 WOODLAKE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34772	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	LOLLIS, SYLVIA A.	3.2 NAME	Hank Fayne
STREET ADDRESS	4870 PINETREE DR	3.3 STREET ADDRESS	6235 Lake Lizzie Dr
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	St. Cloud, FL 34771
TITLE	STD	4.1 TITLE	
NAME	BECCERA, CONNIE	4.2 NAME	
STREET ADDRESS	P.O. BOX 702111 (N/A)	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34772	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D
NAME		5.2 NAME	George G. Beckwith
STREET ADDRESS		5.3 STREET ADDRESS	1730 Neptune Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE		6.1 TITLE	
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 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:  **4/29/97** **407-9512377**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0070433**

CR2E037 (9/96)