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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Mar 25 1998 8:00am  
Secretary of State

DOCUMENT # N42352 (7)

1. Corporation Name

FREEDOM TABERNACLE INTERNATIONAL OUTREACH MINISTRIES, INC.



Principal Place of Business

Mailing Address

4517 NEPTUNE RD  
ST. CLOUD FL 34769

PO BOX 702111  
ST. CLOUD FL 34770-2111  
US

3. Date Incorporated or Qualified

03/05/1991

4. FEI Number

59-3095428

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1700 E. Irlo Bronson  
Suite, Apt. #, etc.

26 1700 E. Irlo Bronson Hwy  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Kissimmee, FL

28 Kissimmee, FL

24 Zip Country

29 Zip Country

34744

25 USA

30 34744

31 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, ARTHUR J.  
4517 NEPTUNE ROAD  
ST. CLOUD FL 34769

81 Name

Arthur J. Lee

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

83 1429 Sugarberry Lane

84 City

St. Cloud

FL

85 Zip Code

34772

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DP  
LEE, ARTHUR J.  
STREET ADDRESS 1441 WOODLAKE CIRCLE  
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE ☐ DELETE

NAME DV  
LEE, DEBRA A.  
STREET ADDRESS 1441 WOODLAKE CIRCLE  
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE ☐ DELETE

NAME D  
FAYNE, HANK  
STREET ADDRESS 6235 LAKE LIZZIE DR  
CITY-ST-ZIP ST. CLOUD FL

TITLE ☐ DELETE

NAME STD  
BECCERA, CONNIE  
STREET ADDRESS P.O. BOX 702111 (N/A)  
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE ☐ DELETE

NAME D  
BECKWITH, GEORGE G  
STREET ADDRESS 1730 NEPTUNE RD  
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP

Lee, Arthur J.  
1429 Sugarberry Lane  
St. Cloud, FL 34772

DV

Lee, D  
1429 Sugarberry Lane  
St. Cloud, FL 34772

D

Morin, Ray  
2620 Clay Whaley Rd.  
St. Cloud, FL 34772

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/98

944-1773

CR2E037 (10/97)