

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

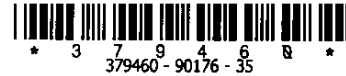
**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90176 035 \*\*\*\*61.25

**DOCUMENT # N42352**

1. Corporation Name

**FREEDOM TABERNACLE INTERNATIONAL OUTREACH MINISTRIES, INC.**



Principal Place of Business

1700 E IRLO BRONSON  
KISSIMMEE FL 34744  
US

Mailing Address

1700 E IRLO BRONSON HWY  
KISSIMMEE FL 34744  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/05/1991

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

9. Name and Address of Current Registered Agent

LEE, ARTHUR J  
4517 NEPTUNE ROAD  
1429 SUGAR BERRY LANE  
ST. CLOUD FL 34772

10. Name and Address of New Registered Agent

81 Name Lee Arthur J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1429 Sugarberry Ln.  
83  
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

Arthur J. Lee  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEE, ARTHUR J	
STREET ADDRESS	1429 SUGARBERRY LN	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LEE, D	
STREET ADDRESS	1429 SUGARBERRY LN	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAYNE, SAMUEL H	
STREET ADDRESS	PO BOX 702111 NA	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BECCERA, CONNIE	
STREET ADDRESS	P.O. BOX 702111 (N/A)	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKWITH, GEORGE G	
STREET ADDRESS	PO BOX 702111	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORIN, RAY	
STREET ADDRESS	2620 CLAY WHALEY RD	
CITY-ST-ZIP	ST CLOUD FL 34772	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Arthur J. Lee  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/98)