

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42352

1. Entity Name

FREEDOM TABERNACLE INTERNATIONAL OUTREACH MINIST

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90011 048 \*\*\*\*61.25

Principal Place of Business  
1700 E IRLO BRONSON  
KISSIMMEE FL 34744  
US

Mailing Address  
1700 E IRLO BRONSON HWY  
KISSIMMEE FL 34744-3724  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip

City & State  
Zip

4. FEI Number **59-3095428**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, ARTHUR J  
1429 SUGARBERRY LN  
ST. CLOUD FL 34772

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Arthur J. Jackson Lee President*  
Signature, typed or printed name of registered agent and title if applicable.  
FIDELITY USA

(NOTE: Registered Agent signature required when reinstating)

*3/5/00*  
DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan Fayne (Director) 6235 Lake Lizzie Dr. St. Cloud FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Samuel H. Fayne 6235 Lake Lizzie Dr. St. Cloud FL 34771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)