

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90313 039 ****61.25

DOCUMENT # N42352

1. Entity Name

FREEDOM TABERNACLE INTERNATIONAL OUTREACH MINIST

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS LEE, ARTHUR J
 CITY-ST-ZIP 1429 SUGARBERRY LN 633 LK LIZZIE DR
 ST. CLOUD FL 34772 34771

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS LEE, D
 CITY-ST-ZIP 1429 SUGARBERRY LN 633 LK LIZZIE DR
 ST. CLOUD FL 34772 34771

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FAYNE, SAMUEL H
 CITY-ST-ZIP 6235 LAKE LIZZIE DR
 SAINT CLOUD FL 34771

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FAYNE, SUSAN
 CITY-ST-ZIP 6235 LAKE LIZZIE DR
 SAINT CLOUD FL 34771

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

3/29

407 944-0773

Date

Daytime Phone #

CR2E037 (10/00)