2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N42352

Entity Name: FREEDOM TABERNACLE INTERNATIONAL OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1700 E IRLO BRONSON
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

1700 E IRLO BRONSON HWY
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-3059576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEE, ARTHUR J
6233 LK LIZZIE DR.
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LEE, ARTHUR J
Address: 6233 LK LIZZIE DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: DV ( ) Delete
Name: LEE, D
Address: 6233 LK LIZZIE DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: D ( ) Delete
Name: CHEK, JIM
Address: 4714 CHPUS DR.
City-St-Zip: SAINT CLOUD, FL 34772

Title: STD ( ) Delete
Name: AMENDOLA, JOSEPH
Address: 3425 HARBORSIDE CT.
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Delete
Name: FAYNE, SUSAN
Address: 6235 LAKE LIZZIE DR
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: LEE, DEBRA
Address: 6233 LK LIZZIE DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: D (X) Change ( ) Addition
Name: CLARK, JAMES
Address: 4714 CITRUS DR.
City-St-Zip: SAINT CLOUD, FL 34772

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR J. LEE DP 01/04/2005

Electronic Signature of Signing Officer or Director — Date