2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# N42352

Entity Name: FREEDOM TABERNACLE INTERNATIONAL OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1700 E IRLO BRONSON HWY
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 ( )**

Name and Address of Current Registered Agent:

LEE, ARTHUR J
3103 KEYSTONE POINT CT
SAINT CLOUD, FL 34772 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: 3103 KEYSTONE POINT CT
City-St-Zip: SAINT CLOUD, FL 34772

Title: DV ( ) Delete
Name: LEE, DEBRA
Address: 3103 KEYSTONE POINT CT
City-St-Zip: SAINT CLOUD, FL 34772

Title: D ( ) Delete
Name: KEENE, LOIS M
Address: 12600 KIRBY SMITH DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: D ( ) Delete
Name: SQUIRES, GREGORY P
Address: 2165 RUNNING HORSE TRAIL
City-St-Zip: ST. CLOUD, FL 34991

Title: D ( ) Delete
Name: AMENDOLA, JOSEPH
Address: 3425 HARBORSIDE COURT
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change ( ) Addition
Name: KEENE, LOIS M
Address: 12600 KIRBY SMITH DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: DS (X) Change ( ) Addition
Name: SQUIRES, GREGORY P
Address: 2165 RUNNING HORSE TRAIL
City-St-Zip: ST. CLOUD, FL 34991

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 03/10/2008

Electronic Signature of Signing Officer or Director — Date