

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90004 018 ****70.00

DOCUMENT # **N42352**

1. Entity Name

FREEDOM LIFE Church, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

1700 E. IRLO BRONSON MEM. HWY.

3. Mailing Address (SAME)

Suite, Apt. #, etc.

City & State

KISS. FLA.

Zip
34744

Country
USA

Zip

Country

4. FEI Number

59-3059576

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GREGORY P. SQUIRES

Street Address (P.O. Box Number is Not Acceptable)

2165 RUNNING HORSE TRAIL

City

ST. CLOUD

FL

Zip Code
34771

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

[Signature]

GREGORY P. SQUIRES

8/26/08

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEES IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GREGORY P. SQUIRES 2165 RUNNING HORSE TRAIL ST. CLOUD, FLA. 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BRANDI SQUIRES 2165 RUNNING HORSE TRAIL ST. CLOUD, FLA. 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LARRY M. GORDON 2930 GLENN ELLEN RD. SLOUK CITY, IA. 51106-7120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE

[Signature]

GREGORY P. SQUIRES

8/26/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #