

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N50678**

1. Entity Name  
**FREEDOM FELLOWSHIP CHURCH, INC**



Principal Place of Business  
**5631 GILLIAM ROAD  
ORLANDO, FL 32818 US**

Mailing Address  
**5631 GILLIAM ROAD  
ORLANDO, FL 32818 US**



01212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3144725**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WARNER, LARRY JOE  
874 HAVEN OAK CT  
APOPKA, FL 32703**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WARNER, LARRY JOE
STREET ADDRESS	874 HAVEN OAK CT
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	STD
NAME	BUSCH, STEPHEN A
STREET ADDRESS	7009 CHARINGMOOR CT
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	VD
NAME	DUNN, FRED
STREET ADDRESS	1843 SILVER FOX CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D
NAME	MCGUFFIN, PATRICK
STREET ADDRESS	289 LAKE DOE BLVD
CITY-ST-ZIP	APOPKA, FL 32703

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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 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

**1-21-08 407-299-6311**

Date

Daytime Phone #