


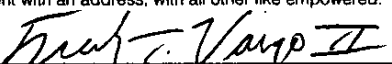


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90106 017 \*\*\*\*70.00

<b>DOCUMENT # N92000000192</b> 1. Entity Name <b>FREEDOM BIBLE CHURCH, INC.</b>					
Principal Place of Business <b>500 SABLE ST. PORT CHARLOTTE, FL 33954 US</b>			Mailing Address <b>500 SABLE STREET PORT CHARLOTTE, FL 33954 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04052006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>65-0370784</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>VARGO, FRANK II 500 SABLE ST PORT CHARLOTTE, FL 33754</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE <b>4-18-06</b>		
SIGNATURE 			(NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARGO, MARK <input type="checkbox"/> Delete 500 SABLE ST PORT CHARLOTTE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARGO, FRANK T II <input type="checkbox"/> Delete 500 SABLE ST PORT CHARLOTTE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KNOX, MARK <input checked="" type="checkbox"/> Delete 500 SABLE STREET PORT CHARLOTTE, FL 33954				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Erik Kroeger</b> <b>500 Sable St.</b> <b>Port Charlotte, FL 33954</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: 			4/18/06 941-625-9535		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		