

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90366 012 \*\*\*\*61.25

<b>DOCUMENT # N93000005162</b> 1. Entity Name <b>FREEDOM IN CHRIST PENTECOSTAL MINISTRY, INC.</b>					
Principal Place of Business <b>5434 HALIFAX DR ORLANDO FL 32812 US</b>		Mailing Address <b>P.O. BOX 570972 ORLANDO FL 32857</b>			
2. Principal Place of Business <b>963 Ponderosa Pine Ct. Orlando, FL</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>32825</b> Country <b>USA</b>			
4. FEI Number <b>59-3214082</b>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E037 (10/05)			
6. Name and Address of Current Registered Agent <b>BETANCOURT, JOHN A 5434 HALIFAX DR ORLANDO FL 32812</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: 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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>BETANCOURT, JOHN A 4213 S. SEMORAN BLVD., STE. 4 ORLANDO FL 32822</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Betancourt, John A. 963 Ponderosa Pine Ct Orlando, FL 32825</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(Address)</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>LAGARES, MARIA E 4213 S. SEMORAN BLVD., STE. 4 ORLANDO FL 32822</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Maria E. Lagares 963 Ponderosa Pine Ct Orlando, FL 32825</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(Address)</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>LAGARES, SOFIA B 5334 LAKE MARGARET DR., #614 ORLANDO FL 32822</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>ALMEIDA, ROSA 7421 -4TH AVE NORTH BERGEN NJ 07047</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 Section 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:** *John A. Betancourt* **John A. Betancourt 4-10-06 407-737-3661**