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Feb 01, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-01-1999 90031 029 *****61.25

DOCUMENT # N94000005054

1. Corporation Name

SET FREE MINISTRY IN CHRIST, INC.

Principal Place of Business

11825 SW 189TH STREET
MIAMI FL 33177

Mailing Address

11825 SW 189TH STREET
MIAMI FL 33177



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/10/1994

4. FEI Number

65-0538704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MILLS, LUEVENIA J
11825 SW 189TH STREET
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MILLS, LUEVENIA J
STREET ADDRESS 11825 SW 189TH STREET
CITY-ST-ZIP MIAMI FL 33177

TITLE D ☐ DELETE

NAME SPATCHER, EVELYN
STREET ADDRESS 11865 SW 189TH STREET
CITY-ST-ZIP MIAMI FL 33177

TITLE D ☐ DELETE

NAME WILLIAMS, MARY
STREET ADDRESS 1140 SW 196TH STREET
CITY-ST-ZIP MIAMI FL 33177

TITLE D ☐ DELETE

NAME SOLOMON, SHARON
STREET ADDRESS 26800 SW 144TH COURT
CITY-ST-ZIP NARANJA FL 33032

TITLE D ☐ DELETE

NAME WATSON, ROZENA
STREET ADDRESS 10875 SW 216TH STREET, APT 320
CITY-ST-ZIP GOULDS FL 33170

TITLE D ☐ DELETE

NAME DEWBERRY, ANGELA
STREET ADDRESS 11150 SW 196TH STREET
CITY-ST-ZIP MIAMI FL 33177

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-10-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)