

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000005054

1. Entity Name

SET FREE MINISTRY IN CHRIST, INC.



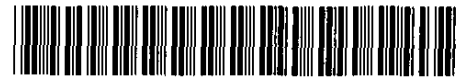
FILED
Feb 19, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0538704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: P ☐ Delete
NAME: BELL, MARY E
STREET ADDRESS: 11100 SW 197 ST.
CITY-STATE-ZIP: MIAMI FL 33177

TITLE: D ☐ Delete
NAME: SPATCHER, EVELYN
STREET ADDRESS: 11865 SW 189TH STREET
CITY-STATE-ZIP: MIAMI FL 33177

TITLE: D ☐ Delete
NAME: WILLIAMS, MARY
STREET ADDRESS: 1140 SW 196TH STREET
CITY-STATE-ZIP: MIAMI FL 33177

TITLE: D ☐ Delete
NAME: WATSON, ROZENA
STREET ADDRESS: 10875 SW 216TH STREET, APT 320
CITY-STATE-ZIP: GOULDS FL 33170

TITLE: D ☐ Delete
NAME: DEWBERRY, ANGELA
STREET ADDRESS: 11150 SW 196TH STREET
CITY-STATE-ZIP: MIAMI FL 33177

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: U000000642229
03/01/07-80033-022 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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:

Luevenia Mills

2-2-07