

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005054

FILED
Apr 03, 2009
Secretary of State

Entity Name: SET FREE MINISTRY IN CHRIST, INC.

Current Principal Place of Business:

11825 SW 189TH STREET
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

11825 SW 189TH STREET
MIAMI, FL 33177

New Mailing Address:

FEI Number: 65-0538704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELL, MARY E
Address: 11100 SW 197 ST.
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: SPATCHER, EVELYN
Address: 11865 SW 189TH STREET
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: WILLIAMS, MARY
Address: 1140 SW 196TH STREET
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: WATSON, ROZENA
Address: 10875 SW 216TH STREET, APT 320
City-St-Zip: GOULDS, FL 33170

Title: D () Delete
Name: DEWBERRY, ANGELA
Address: 11150 SW 196TH STREET
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR LUEVINIA MILLS

MS

04/03/2009

Electronic Signature of Signing Officer or Director

Date