FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 10 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N94000005074 (9)

1. Corporation Name
FREEDOM MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1855 W. STATE ROUTE 434 SUITE 250 LONGWOOD FL 32750	1855 W. STATE ROUTE 434 SUITE 250 LONGWOOD FL 32750

3. Date Incorporated or Qualified: 10/11/1994
3a. Date of Last Report:
4. FEI Number: 59-3292322 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOMAS, THOMAS R
1855 W. STATE ROUTE 434
SUITE 250
LONGWOOD FL 32750

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	LOMAS, THOMAS R	1.2 NAME	LOMAS, THOMAS H.
STREET ADDRESS	1855 W. STATE ROUTE 434	1.3 STREET ADDRESS	5209 ANSONIA COURT
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	LOMAS, MARGARET A	2.2 NAME	
STREET ADDRESS	1855 W. STATE ROUTE 434	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WAGLEY, DONALD A	3.2 NAME	
STREET ADDRESS	1950 LAKE PARK DRIVE, #110	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30080	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLOUGHBY, THOMAS M	4.2 NAME	
STREET ADDRESS	2239 COVENTRY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	STEELMAN, NELSON B	5.2 NAME	
STREET ADDRESS	1815 COROLLA COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LOMAS, CHRISTINE J	6.2 NAME	2/10/95 USA
STREET ADDRESS	1853 WESTPOINTE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: _____ THOMAS R. LOMAS 1/12/95 407/332-0991
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0031626