

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005074

FILED
Apr 27, 2004
Secretary of State**Entity Name:** FREEDOM MINISTRIES, INC.**Current Principal Place of Business:**171 MOSSWOOD CIRCLE
PO BOX 151161
ALTAMONTE SPRINGS, FL 32715**New Principal Place of Business:**628-102 LAUREL OAK LANE
PO BOX 150206
ALTAMONTE SPRINGS, FL 32715**Current Mailing Address:**171 MOSSWOOD CIRCLE
PO BOX 151161
ALTAMONTE SPRINGS, FL 32715**New Mailing Address:**628-102 LAUREL OAK LANE
PO BOX 150206
ALTAMONTE SPRINGS, FL 32715**FEI Number:** 59-3292322**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOMAS, THOMAS R
171 MOSSWOOD CIRCLE
620-102 LAUREL OAK LANE
ALTAMONTE SPRINGS, FL 32701 US**Name and Address of New Registered Agent:**LOMAS, THOMAS R
620-102 LAUREL OAK LANE
ALTAMONTE SPRINGS, FL 32701 US

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: _____

04/27/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOMAS, THOMAS R
Address: 628-102 LAUREL OAK LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: STD () Delete
Name: BASSUK, NANCY
Address: 628-102 LAUREL OAK LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: WILLOUGHBY, THOMAS M
Address: 1003 MEANS CT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: STEELMAN, NELSON B
Address: 401 NE 29TH STREET #2
City-St-Zip: MIAMI, FL 33137

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: STEELMAN, NELSON B
Address: 25 NE 110TH ST.
City-St-Zip: MIAMI SHORES, FL 33161

Title: D () Change (X) Addition
Name: LOMAS, MARGARET A
Address: 204 MALTESE CIR., APT. 12
City-St-Zip: FERN PARK, FL 32730

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS R. LOMAS

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date