

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005074

FILED  
Jan 15, 2006  
Secretary of State

Entity Name: FREEDOM MINISTRIES, INC.

## Current Principal Place of Business:

628-102 LAUREL OAK LANE  
PO BOX 150206  
ALTAMONTE SPRINGS, FL 32715

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 150206  
ALTAMONTE SPRINGS, FL 32715 US

## New Mailing Address:

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  
620-102 LAUREL OAK LANE  
ALTAMONTE SPRINGS, FL 32701 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: 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: 25 NE 110TH ST.  
City-St-Zip: MIAMI SHORES, FL 33161

Title: D ( ) Delete  
Name: LOMAS, MARGARET A  
Address: 5541 MISTY WOOD CT.  
City-St-Zip: OVIEDO, FL 32765

## 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: 628-102 LAUREL OAK LN.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS R. LOMAS

PRES

01/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date