

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005074

FILED
Apr 14, 2008
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:

628-102 LAUREL OAK LANE
ALTAMONTE SPRINGS, FL 32701

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

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: () 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: THOMAS R. LOMAS

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date