

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90203 048 \*\*\*\*61.25

**DOCUMENT # N94000005074**

**1. Entity Name**  
**FREEDOM MINISTRIES, INC.**



**Principal Place of Business**

**171 MOSSWOOD CIRCLE  
WINTER SPRINGS FL 32708**

**Mailing Address**

**171 MOSSWOOD CIRCLE  
WINTER SPRINGS FL 32708**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

**P.O. Box 151161**

Suite, Apt. #, etc.

**P.O. Box 151161**

City & State

**ALTAMONTE SPRINGS, FL**

City & State

**ALTAMONTE SPRINGS, FL**

Zip

Country

**32715-1161**

Zip

Country

**32715-1161**



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number 59-3292322**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LOMAS, THOMAS R  
171 MOSSWOOD CIRCLE  
WINTER SPRINGS FL 32708**

Name

Street Address (P.O. Box Number is Not Acceptable)

**628-102 LAUREL OAK LANE**

**ALTAMONTE SPRINGS FL**

Zip Code

**32701**

**8. 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. I am familiar with, and accept the obligations of registered agent**

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/12/03**

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PD                      | <input type="checkbox"/> Delete            |
| NAME           | LOMAS, THOMAS R         |  |
| STREET ADDRESS | 171 MOSSWOOD CIRCLE     |  |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708 |  |
| TITLE          | STD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | LOMAS, MARGARET A       |  |
| STREET ADDRESS | 1580 RIDGE AVENUE       |  |
| CITY-ST-ZIP    | LONG WOOD FL 32750      |  |
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | WILLOUGHBY, THOMAS M    |  |
| STREET ADDRESS | 1003 MEANS CT           |  |
| CITY-ST-ZIP    | OVIDO FL 32765          |  |
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | STEELMAN, NELSON B      |  |
| STREET ADDRESS | 401 NE 29TH STREET #2   |  |
| CITY-ST-ZIP    | MIAMI FL 33137          |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LOMAS, THOMAS R             |  |
| STREET ADDRESS | 628-102 LAUREL OAK LANE     |  |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS, FL 32701 |  |
| TITLE          | STD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BASSUK, NANCY               |  |
| STREET ADDRESS | 628-102 LAUREL OAK LANE     |  |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS, FL 32701 |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

**12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.**

**SIGNATURE:**

*[Signature]* **THOMAS R. LOMAS 4/12/03 407-331-4795**

CR2037 (10/02)