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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002349 (7)**

1. Corporation Name

FREEDOM FIGHTERS' MINISTRIES, INC.

Principal Place of Business

**1913 DOCKSIDE DRIVE
VALRICO FL 33594**

Mailing Address

**POST OFFICE BOX 2133
VALRICO FL 33594
US**

3. Date Incorporated or Qualified

05/16/1995

4. FEI Number

59-3314554

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 2133

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

33595

USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WADSWORTH, LYNNE
1913 DOCKSIDE DRIVE
VALRICO FL 33594**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WADSWORTH, LYNNE	
STREET ADDRESS	1913 DOCKSIDE DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, MARY JANE	
STREET ADDRESS	214 BELFORT PLACE	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, CHARLES	
STREET ADDRESS	214 BELFORT PLACE	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WADSWORTH, ROBERT E	
STREET ADDRESS	1913 DOCKSIDE DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address.

SIGNATURE: **Lynne Wadsworth**

4/17/98 813-653-3800

CR2E037 (10/97)