


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90060 040 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000002349</b>					
1. Corporation Name <b>FREEDOM FIGHTERS' MINISTRIES, INC.</b>					
Principal Place of Business 1913 DOCKSIDE DRIVE VALRICO FL 33594			Mailing Address P O BOX 2133 VALRICO FL 33595 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/16/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3314554</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WADSWORTH, LYNNE</b> <b>1913 DOCKSIDE DRIVE</b> <b>VALRICO FL 33594</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WADSWORTH, LYNNE			1.2 NAME			
STREET ADDRESS	1913 DOCKSIDE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL 33594			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, MARY JANE			2.2 NAME			
STREET ADDRESS	214 BELFORT PLACE			2.3 STREET ADDRESS	VALRICO		
CITY-ST-ZIP	VALRICO FL 33594			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, CHARLES			3.2 NAME			
STREET ADDRESS	214 BELFORT PLACE			3.3 STREET ADDRESS	VALRICO		
CITY-ST-ZIP	VALRICO FL 33594			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WADSWORTH, ROBERT E			4.2 NAME			
STREET ADDRESS	1913 DOCKSIDE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL 33594			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: WADSWORTH **SIGNATURE REQUIRED** 813-653-3800 3/23/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3-1/99)