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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600006416 (9)

GETTING FREE MINISTRIES, INC. Principal Place of Business Mailing Address 5457 NE 3 TERRAÇE 5457 NE 3 TERRACE FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334-2417 3. Date Incorporated or Qualified 3a. Date of Last Report 12/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zıp Country Ζφ Country This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes KNo 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DONNELLY, MARDI Street Address (P.O. Box Number is Not Acceptable) 5457 NE 3 TERRACE 83 FT. LAUDERDALE FL 33334 64 Zip Code 85 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, rain familiar with, and accept the obligations of Section 617.0502. Florida Statutes. SIGNATU (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE 1.1 TITLE Change ... Addition TITLE DONNELLY, MARDI 1.2 NAME NAME 5457 NE 3 TERRACE STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33334 CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Addition Change TITLE 2.1 TITLE LACASSE, WILLIAM NAME 2.2 NAME 1306 PARTRIDGE CLOSE 2.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP 2.4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Addition BAXTER, SUSAN NAME 3.2 NAME 2334 S CYPRESS BEND DR #607 STREET ADDRESS 3.3 STREET ADDRESS POMPANO BEACH FL 33069 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. I do 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.

6.4 CITY-ST-ZIP

SIGNATURE

0 26 97 938-8847

FILED

Mar 28 1997 8:00am

Secretary of State