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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moran
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000006416 (9)
 1. Corporation Name

GETTING FREE MINISTRIES, INC.



Principal Place of Business: 5457 NE 3 TERRACE FT. LAUDERDALE FL 33334
 Mailing Address: 5457 NE 3 TERRACE FT. LAUDERDALE FL 33334

3. Date Incorporated or Qualified: 12/16/1996
 4. FEI Number: 65-0734423
 Applied For
 Not Applicable

2. Principal Place of Business: 5457 NE 3rd Terrace, Ft. Lauderdale, FL
 Mailing Address: NE 3rd Terrace, Ft. Lauderdale, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23. City & State: FT. LAUD., FLA.
 28. City & State: FT. LAUD., FLA.

7. Is this nonprofit corporation a homeowners association? Yes No

24. Zip: 33334
 25. Country: Broward
 29. Zip: 33334
 30. Country: Broward

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

8. Name and Address of Current Registered Agent
DONNELLY, MARDI
 5457 NE 3 TERRACE
 FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent
 81 Name: SAME
 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: *Mardi Donnelly* DATE: 4/13/1998
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNELLY, MARDI	1.2 NAME	Michael Baxter
STREET ADDRESS	5457 NE 3 TERRACE	1.3 STREET ADDRESS	509 NE. 12 AVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33060
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	LACASSE, WILLIAM	2.2 NAME	
STREET ADDRESS	1306 PARTRIDGE CLOSE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BAXTER, SUSAN	3.2 NAME	
STREET ADDRESS	2334 S CYPRESS BEND DR #607	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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.

SIGNATURE: *Mardi Donnelly* DATE: 4/13/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)