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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006416

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



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	12/16/1996
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	65-0734423
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
			30	Trust Fund Contribution	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DONNELLY, MARDI 5457 NE 3 TERRACE FT. LAUDERDALE FL 33334		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SANNASARDO, ANGELO
STREET ADDRESS	5457 NE 3 TERRACE	1.3 STREET ADDRESS	5974 N.W. 28th ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	SUNRISE, FLA. 33313
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAXTER, MICHAEL	2.2 NAME	SANNASARDO, ANN
STREET ADDRESS	509 NE 12TH AVE	2.3 STREET ADDRESS	5974 N.W. 28th ST.
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	SUNRISE, FLA. 33313
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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: MARDI DONNELLY 3/15/99 (954) 938-8847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/96)