

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90145 021 ****61.25

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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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/16/1996

4. FEI Number

65-0734423

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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** ☐ DELETE
NAME **DONNELLY, MARDI**
STREET ADDRESS **5457 NE 3 TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **SANNASARDO, ANGELO**
1.3 STREET ADDRESS **5974 N.W. 28th ST.**
1.4 CITY-ST-ZIP **SUNRISE, FLA. 33313**

TITLE **D** ☐ DELETE
NAME **BAXTER, MICHAEL**
STREET ADDRESS **509 NE 12TH AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

2.1 TITLE **D.** ☐ Change ☒ Addition
2.2 NAME **SANNASARDO, ANN**
2.3 STREET ADDRESS **5974 N.W. 28th ST.**
2.4 CITY-ST-ZIP **SUNRISE, FLA. 33313**

TITLE **D** ☒ DELETE
NAME **BAXTER, SUSAN**
STREET ADDRESS **2334 S CYPRESS BEND DR #607**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
MARDI DONNELLY 3/15/99 (954) 938-8847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)