## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9700001495

1. Entity Name

## FREEDOM TEMPLE, INC.



**FILED** Jun 19, 2003 8:00 am Secretary of State

06-19-2003 90042 007 \*\*\*\*61.25

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Principal Plac	e of Business	3	Mailing Address		<b>.</b>	7			
13543 EAST HIGHWAY 50 CLERMONT FL 34711		13543 EAST HIGHWAY 50					1		
CLERMONI FL	. 34/11		CLERMONT FL 34711					I	
2. Principal Place of Business			3. Mailing Address				i 1890 Bb/ii 8800 Baili 800	<b>       </b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<del> </del>	HECK HERE IF MAK	NG CHANGES	
City & State			City & Ctato					<u>!</u>	
City & State		City & State		4. FEI Number 59	-3436081	· —	pplied For ot Applicable		
Zip Country		Zip	Zip Country		5. Certificate of Sta	tus Desired	\$8.75 Ad	ditional	
6. Name and Address of Current			Backtoned Apont	istered Agent		7. Name and Address of New Registered Agent			ed
<del></del>	6. Name	and Address of Current	Registered Agent		Name	7. Name and Addr	ess of New Register	ed Agent	
JORDAN, EDWARD P II				Street Address		(P.O. Box Number is N	nt Accentable)		
13543 EAST HIGHWAY 50				Street Address		- (r.o. box rambor lo re			
CLERMONT FL 34711									
					City		F	FL Zip Cod	le [
			or the purpose of changing	its register	ed office or registe	ered agent, or both, in t	he State of Florida. Ta	am familiar with,	and accept
the obligat	ions of registe	ered agent.							
SIGNATURE									
	Signature, typed	or printed name of registered agen	t and title if applicable. (No	OTE: Registere	d Agent signature require	ed when reinstating)	DA	ΓE	
<u> </u>			, ,						
	FILE:NOW	FEE 16-661:25	9. Election C			~-\$5:00 May Be ~-		eck:Payable	
		•	Trust Fund	d Contribut	ion.	Added to Fees	Florida Der	partment of	State
		·			ion.		Florida Der		
10.		OFFICERS AND DI	RECTORS .	11.		Added to Fees ADDITIONS/CHANGE		DIRECTORS IN	V 10
10. TITLE NAME	D WIGGINS.				E				
TITLE NAME STREET ADDRESS	WIGGINS, 1804 CENT	Joseph Ter Street	RECTORS .	11.	E			DIRECTORS IN	V 10
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2-728-5527