

**FILED**  
**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90010 018 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b>                         |  |
| <b>DOCUMENT # N98000001530</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                         |  |
| <b>1. Corporation Name</b><br><b>FOUNDATION FOR RESTORATION OF AMERICAN CHRISTIAN EDUCATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                         |  |
| <b>Principal Place of Business</b><br>5435 CLARCONA OCEEE RD<br>ORLANDO FL 32810-4057                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Mailing Address</b><br>P.O. BOX 68844-<br>ORLANDO FL 32869-0841                                                                                                                                                                      |  |
| <b>2. Principal Place of Business</b><br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>2a. Mailing Address</b><br>28 7610 Southwick St<br>Suite, Apt. #, etc.<br>27 City & State<br>28 ORLANDO<br>Zip Country<br>29 FL 32818 30 ORANGE                                                                                      |  |
| <b>3. Date Incorporated or Qualified</b><br>03/16/1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>4. FEI Number</b><br>Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>                                                                                                                         |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                              |  |
| <b>9. Name and Address of Current Registered Agent</b><br>LABORDE, CLAUDE J JR<br>1816 PONTIANA RD.<br>WINTER PARK FL 32792                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>10. Name and Address of New Registered Agent</b><br>81 Name <u>JAMES R. Freeman</u> <u>per correction</u><br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 7610 Southwick St<br>84 ORLANDO, FL<br>FL 85 Zip Code 32818 |  |
| <b>11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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.</b><br>SIGNATURE <u>James R. Freeman</u> <u>James R. Freeman, Pres.</u> DATE <u>6/27/99</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  |                                                                                                                                                                                                                                         |  |
| <b>12. OFFICERS AND DIRECTORS</b> <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |  |
| <b>TITLE</b> <u>PRESIDENT</u><br><b>NAME</b> <u>Jimmy Freeman</u><br><b>STREET ADDRESS</b> <u>7610 Southwick St</u><br><b>CITY-ST-ZIP</b> <u>ORLANDO, FL 32818</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>1.1 TITLE "D"</b> <u>Officer/President</u><br><b>1.2 NAME</b> <u>James R. Freeman</u><br><b>1.3 STREET ADDRESS</b> <u>7610 Southwick Street</u><br><b>1.4 CITY-ST-ZIP</b> <u>Orlando, FL 32818</u>                                   |  |
| <b>TITLE</b> <u>JO ANN Freeman</u><br><b>NAME</b> <u>7610 Southwick St</u><br><b>STREET ADDRESS</b> <u>ORLANDO, FL 32818</u><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>2.1 TITLE "D"</b> <u>Officer/Secretary</u><br><b>2.2 NAME</b> <u>JoAnn Freeman</u><br><b>2.3 STREET ADDRESS</b> <u>7610 Southwick Street</u><br><b>2.4 CITY-ST-ZIP</b> <u>Orlando, FL 32818</u>                                      |  |
| <b>TITLE</b> <u>TREASURER</u><br><b>NAME</b> <u>Kenneth Nelson</u><br><b>STREET ADDRESS</b> <u>2275 Deerwood Dr.</u><br><b>CITY-ST-ZIP</b> <u>New Smyrna Beach, FL 32168</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>3.1 TITLE "D"</b> <u>Officer/Treasurer</u><br><b>3.2 NAME</b> <u>Kenneth Nelson</u><br><b>3.3 STREET ADDRESS</b> <u>2275 Deerwood Dr.</u><br><b>3.4 CITY-ST-ZIP</b> <u>New Smyrna Beach, FL 32168</u>                                |  |
| <b>TITLE</b> <u>DIXIE B THOMPSON</u><br><b>NAME</b> <u>382 Grove Ct</u><br><b>STREET ADDRESS</b> <u>Winter Garden, FL 34787</u><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>4.1 TITLE "D"</b> <u>Director/Education</u><br><b>4.2 NAME</b> <u>Dixie B. Thompson</u><br><b>4.3 STREET ADDRESS</b> <u>382 Grove Court</u><br><b>4.4 CITY-ST-ZIP</b> <u>Winter Garden, FL 34787</u>                                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>5.1 TITLE</b><br><b>5.2 NAME</b><br><b>5.3 STREET ADDRESS</b><br><b>5.4 CITY-ST-ZIP</b>                                                                                                                                              |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6.1 TITLE</b><br><b>6.2 NAME</b><br><b>6.3 STREET ADDRESS</b><br><b>6.4 CITY-ST-ZIP</b>                                                                                                                                              |  |

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: James R. Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Freeman

6/27/99 (407) 652-4063

Date (Type Name)

CR2E037 (11/98)