2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered,

FILED DOCUMENT # N9800001999 Feb 04, 2000 8:00 am **Secretary of State** SPIRITUAL FREEDOM MINISTRIES, INC. 02-04-2000 90051 018 ****61.25 Principal Place of Business Mailing Address 7685 66TH STREET NORTH 7685 66TH STREET NORTH PINELLAS PARK FL 33781-3104 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address 610 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3501405 Not Applicable ar90 Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 5 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _Name_ _ Street Address (P.O. Box Number is Not Acceptable) SCHWEIKERT, KEITH A REV. 7685 66TH STREET NORTH PINELLAS PARK FL 33781 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. A. Schweikert 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition □ Delete TITLE CATHEY, THOMAS J REV. NAME STREET ADDRESS STREET ADDRESS 1300 MOHAWK STREET CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Addition Change TITLE TS ☐ Delete TITLE NAME LUKOSAVICH, SHARON L NAME STREET ADDRESS STREET ADDRESS 6286 99TH CIRCLE NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL.33782 ☐ Delete TITLE Change ☐ Addition TITLE SCHWEIKERT, KEITH A REV. NAME NAME STREET ADDRESS STREET ADDRESS 11610.116TH STREET NORTH CITY-ST-ZIP CITY-ST-7IP LARGO FL 33778 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Rev. Keith A.