2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002699

1. Entity Name
FREEDOM FARM MINISTRIES INC.

Principal Place of Business	Mailing Address
905 S 12TH STREET PALATKA, FL 32177	905 S 12TH STREET PALATKA, FL 32177

02122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3512159
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUZZERD, JOHN
905 S 12TH STREET
PALATKA, FL 32177

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000054374
02/16/04-80167-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUZZERD, JOHN
STREET ADDRESS	905 S 12TH ST
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	V
NAME	BUZZERD, ROBIN
STREET ADDRESS	905 S 12TH ST
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	ANDREWS, CAROLYN
STREET ADDRESS	132 HURST STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	D
NAME	DIXON, PHILIP
STREET ADDRESS	9 SANCHEZ AVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	CRAWFORD, RONALD
STREET ADDRESS	2987 GREEN ACRES RD
CITY-ST-ZIP	ST AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John Buzzerd 2-13-04 386-329-6283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #