2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# N98000002699

Entity Name: FREEDOM FARM MINISTRIES INC.

Current Principal Place of Business:

905 S 12TH STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

905 S 12TH STREET
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3512159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BUZZERD, JOHN
Address: 905 S 12TH ST
City-St-Zip: PALATKA, FL 32177

Title: V ( ) Delete
Name: BUZZERD, ROBIN
Address: 905 S 12TH ST
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete
Name: ANDREWS, CAROLYN
Address: 132 HURST STREET
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: DIXON, PHILIP
Address: 9 SANCHEZ AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: CRAWFORD, RONALD
Address: 2987 GREEN ACRES RD
City-St-Zip: ST AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BUZZERD P 02/10/2005

Electronic Signature of Signing Officer or Director — Date