

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

0064844

DOCUMENT # N98000002699

1. Entity Name  
FREEDOM FARM MINISTRIES INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 18 AM 8:00

Principal Place of Business

110 PARK AVENUE  
HASTINGS FL 32145

Mailing Address

P.O. BOX 250  
HASTINGS FL 32145

REINSTATEMENT 03



☐ CHECK HERE IF MAKING CHANGES MRS

2. Principal Place of Business

905 S 12th STREET

Suite, Apt. #, etc.  
PALATKA, Florida

City & State

3. Mailing Address

905 S 12th STREET

Suite, Apt. #, etc.

City & State  
PALATKA, Florida

4. FEI Number: 59-3512159

Applied For  
Not Applicable

Zip  
32177

Country  
USA

Zip  
32177

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUZZERD, JOHN  
110 PARK AVENUE  
HASTINGS FL 32145

7. Name and Address of New Registered Agent

Name JOHN BUZZERD

Street Address (P.O. Box Number is Not Acceptable):

905 S 12th STREET

City PALATKA

FL

Zip Code  
32177

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

John Buzzerd

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-9-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BUZZERD, JOHN  
STREET ADDRESS 110 PARK AVENUE  
CITY-ST-ZIP HASTINGS FL 32145

TITLE V ☐ Delete  
NAME BUZZERD, ROBIN  
STREET ADDRESS 110 PARK AVENUE  
CITY-ST-ZIP HASTINGS FL 32145

TITLE D ☐ Delete  
NAME ANDREWS, CAROLYN  
STREET ADDRESS 132 HURST STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE D ☐ Delete  
NAME DIXON, PHILIP  
STREET ADDRESS 9 SANCHEZ AVE  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ Delete  
NAME CRAWFORD, RONALD  
STREET ADDRESS 2987 GREEN ACRES RD  
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME BUZZERD, JOHN  
STREET ADDRESS 905 S 12th ST.  
CITY-ST-ZIP PALATKA, FL. 32177

TITLE V ☒ Change ☐ Addition  
NAME BUZZERD, ROBIN  
STREET ADDRESS 905 S 12th ST.  
CITY-ST-ZIP PALATKA, FL. 32177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

10-26-03

CR2E037 (10/02)