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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004792

1. Corporation Name

SET FREE IN CHRIST MINISTRIES, INC.

Principal Place of Business

5824 ORANGE STREET
MARIANNA FL

Mailing Address

4197 MYLES STREET
MARIANNA FL 32448



2. Principal Place of Business

21 2856 Orange Street

Suite, Apt. #, etc.

22 City & State
MARIANNA, FL

23 Zip
32448

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/18/1998

4. FEI Number

59-3561569

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, CHRISTINE W
4197 MYLES STREET
MARIANNA FL 32448

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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.

SIGNATURE Christine W. Johnson - Christine W. Johnson

4/14/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JOHNSON, CHRISTINE W
STREET ADDRESS 4197 MYLES STREET
CITY-ST-ZIP MARIANNA FL 32448

TITLE D ☐ DELETE

NAME WADSWORTH, KIMBERLY
STREET ADDRESS 4197 MYLES STREET
CITY-ST-ZIP MARIANNA FL 32448

TITLE D ☐ DELETE

NAME HARRIS, KENDRICK
STREET ADDRESS P.O. BOX 568
CITY-ST-ZIP GREENWOOD FL 32446

TITLE D ☐ DELETE

NAME DREW, MARIETTA
STREET ADDRESS 5007 WILMINGTON COURT
CITY-ST-ZIP CAMPBELLTON FL 32426

TITLE D ☐ DELETE

NAME GRISSETT, RICHARD
STREET ADDRESS 4422 MCCHAPEL ROAD
CITY-ST-ZIP MARIANNA FL 32446

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Wilson, Kimberly
186 W. Hembree Rd.
Crystal Springs MS 39059

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Drew, Marietta
4197 Myles Street
MARIANNA, FL 32448

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Marietta Drew

4/14/99

850-593-6431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0010602