

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90066 005 ****61.25

DOCUMENT # N98000004792

1. Entity Name

SET FREE IN CHRIST MINISTRIES, INC.

Principal Place of Business

**2856 ORANGE STREET
 MARIANNA FL 32448**

Mailing Address

**4197 MYLES STREET
 MARIANNA FL 32448-3709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3561569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, CHRISTINE W
 4197 MYLES STREET
 MARIANNA FL 32448**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JOHNSON, CHRISTINE W**
 CITY-ST-ZIP **4197 MYLES STREET
 MARIANNA FL 32448**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WILSON, KIMBERLY**
 CITY-ST-ZIP **186 W HEMBREE RD
 CRYSTAL SPRINGS FL 39059**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Wilson, Kimberly**
 CITY-ST-ZIP **Bradford Place
 100 Burton Place
 Bldg 6 Apt A JACKSON, MS 39212**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HARRIS, KENDRICK**
 CITY-ST-ZIP **P.O. BOX 568
 GREENWOOD FL 32446**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Harris, Kendrick**
 CITY-ST-ZIP **P.O. Box 568
 Greenwood FL 32443**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DREW, MARIETTA**
 CITY-ST-ZIP **4197 MYLES STREET
 MARIANNA FL 32448**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GRISSETT, RICHARD**
 CITY-ST-ZIP **4422 MCCHAPEL ROAD
 MARIANNA FL 32446**

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

TITLE ☐ Delete
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 850-482-7810

Date

Daytime Phone #