

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

0016703

**DOCUMENT # N98000004792**

1. Entity Name

**SET FREE IN CHRIST MINISTRIES, INC.**

05-11-2001 90442 037 \*\*\*\*\*61.25

Principal Place of Business

**2856 ORANGE STREET  
 MARIANNA FL 32448**

Mailing Address

**4197 MYLES STREET  
 MARIANNA FL 32448**

**LU0062164**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3561569**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete  
 NAME **D WILSON, KIMBERLY**  
 STREET ADDRESS **100 BYRAN PLACE BLDG 6 APT H**  
 CITY-ST-ZIP **JACKSON MS 39212**

TITLE ☒ Change ☐ Addition  
 NAME **D Wadsworth, Kimberly**  
 STREET ADDRESS **4197 Myles Street**  
 CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☒ Delete  
 NAME **D HARRIS, KENDRICK**  
 STREET ADDRESS **P.O. BOX 568**  
 CITY-ST-ZIP **GREENWOOD FL 32443**

TITLE ☐ Change ☒ Addition  
 NAME **D Williams GENOA**  
 STREET ADDRESS **4915 Concord Rd.**  
 CITY-ST-ZIP **BASCOM FL 32423**

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

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

TITLE ☒ Delete  
 NAME **D GRISSETT, RICHARD**  
 STREET ADDRESS **4422 MCCHAPEL ROAD**  
 CITY-ST-ZIP **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: **Marietta Drew**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/01**

Date

**850-593-6431**

Daytime Phone #

CR2E037 (10/00)