

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, CHRISTINE W
4197 MYLES STREET
MARIANNA FL 32448

4. FEI Number

59-3561569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 WILLIAMS, GENOA
STREET ADDRESS 4915 CONCORD ROAD
CITY-ST-ZIP BASCOM FL 32423

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90024 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)