

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90009 008 ****61.25

DOCUMENT # N990000000167

1. Entity Name
 Freedom Ministries
 Assemblies of God, Inc.

Principal Place of Business **Mailing Address**

1002 East
 Martin Luther King Blvd.
 Tampa, FL 33603

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

593511401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Stephenson - Austin
 3916 E. Jean St
 Tampa, FL 33610

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 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 Deacon ☒ Delete
NAME Michael Jeffres
STREET ADDRESS 8508 N. Willow Ave.
CITY-ST-ZIP Tampa, FL 33604

TITLE Secretary ☒ Change ☐ Addition
NAME Carletta Floyd
STREET ADDRESS 611 11th St. Dr. W
CITY-ST-ZIP Palmetto, FL 34221

TITLE Sect. ☒ Delete
NAME Cecily F. Bailey
STREET ADDRESS 13551 Fletcher Regency Dr.
CITY-ST-ZIP Tampa FL 33613

TITLE Trustee ☒ Change ☐ Addition
NAME Karen Fletcher
STREET ADDRESS 1007 E IDA
CITY-ST-ZIP Tampa, FL 33603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)