

2001 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-14-2001 90112 010 ****61.25

DOCUMENT # N99000000167

1. Entity Name

FREEDOM MINISTRIES ASSEMBLIES OF GOD, INC.

Principal Place of Business

1002 E. DR. MARTIN LUTHER KING BLVD.
 TAMPA FL 33603

Mailing Address

1002 E. DR. 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

59-3511401

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

AUSTIN, STEPHENSON
3916 E. JEAN ST.
TAMPA FL 33610

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 Stephenson Austin, Pastor (President)
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7/8/01
 DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	AUSTIN, STEPHENSON	
STREET ADDRESS	3916 E. JEAN ST.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEFFRES, MICHAEL	
STREET ADDRESS	8508 N. WILLOW AVE.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, CECILY F	
STREET ADDRESS	13551 FLETCHER REGENCY DR.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charletta Floyd	
STREET ADDRESS	611 11th St. D.W.	
CITY-ST-ZIP	Palmetto, FL 34721	
TITLE	S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Fletcher	
STREET ADDRESS	4902 N. Macdill Ave #1208	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON Austin	
STREET ADDRESS	3916 E. Jean St	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael P. ZORNE	
STREET ADDRESS	1007 E. IDA ST.	
CITY-ST-ZIP	TAMPA, FL 33603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 (5/01)



Detachment 11/98/7
Freedom Ministries of the
Assemblies of God

1002 E. Dr. Martin Luther King, Jr. Blvd. • Tampa, Florida 33603

Steve Austin
Pastor
(813) 239-3442

Monday, August 27, 2001

Florida Dept. State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314

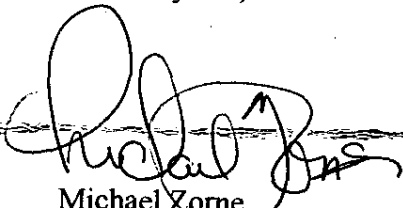
Subject: ~~Freedom~~ Ministries of the Assemblies of God, Inc.
Ref: N99000000167

Dear Sirs:

I am returning the corrected copy of annual report/uniform business report (UBR) indicating that all three (3) of our officers are also directors. Please make the necessary changes.

Should you have any questions please call me.

Faithfully His,


Michael Zorne
Finance Director