

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90213 045 \*\*\*\*70.00

**DOCUMENT # N99000000167**

1. Entity Name  
**FREEDOM MINISTRIES ASSEMBLIES OF GOD, INC.**



Principal Place of Business  
**12811 NORTH NEBRASKA AVENUE  
SUITE C  
TAMPA, FL 33612**

Mailing Address  
**12811 NORTH NEBRASKA AVENUE  
SUITE C  
TAMPA, FL 33612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006

Chg-NP

CR2E037 (4/06)

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME AUSTIN, STEPHENSON ☐ Delete  
STREET ADDRESS 3916 E. JEAN ST.  
CITY-ST-ZIP TAMPA, FL 33610

TITLE TD  
NAME FLOYD, CARLETTA ☐ Delete  
STREET ADDRESS 611 11TH STREET DW  
CITY-ST-ZIP PALMETTO, FL 34721

TITLE SD  
NAME FLETCHER, KAREN ☐ Delete  
STREET ADDRESS 4902 N MACDILL AVE #1208  
CITY-ST-ZIP TAMPA, FL 33614

TITLE D  
NAME OYENIJI, REMI ☐ Delete  
STREET ADDRESS 4902 N. MACBILL AVE 1208  
CITY-ST-ZIP TAMPA, FL 33614

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **Stephenson Austin** ☒ Change ☐ Addition  
STREET ADDRESS **2913 E. Sligh Ave**  
CITY-ST-ZIP **Tampa, FL 33610**

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

TITLE **SD**  
NAME **Fletcher, Karen** ☒ Change ☐ Addition  
STREET ADDRESS **946 Sandwood Dr.**  
CITY-ST-ZIP **Brandon, FL 33510**

TITLE  
NAME **Oyeniji, Remi** ☒ Change ☐ Addition  
STREET ADDRESS **8828 Brennan Circle #304**  
CITY-ST-ZIP **Tampa, FL 33615**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **Karen Fletcher**

**4/28/06**

**690-0970 (P460)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #