


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90025 021 ****61.25

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 - No P.O. Box # 4104 E. Ellicott Ave Suite, Apt. #, etc.		3. Mailing Address Same as # 2 Suite, Apt. #, etc.			
City & State Tampa FL Zip 33610		City & State Zip Country U.S.		4. FEI Number 59-3511401 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03182008 Chg-NP CR2E037 (12/06)	
5. Name and Address of Current Registered Agent AUSTIN, STEPHENSON 9910 E. JEAN ST. 2913 E. Sligh Ave 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 <u>Stephenson Austin - President</u> 3/31/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTIN, STEPHENSON 2913 E. SLIGH AVE TAMPA, FL 33610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLOYD, CARLETTA 611 11TH STREET DW PALMETTO, FL 34721	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLETCHER, KAREN 946 SANDYWOOD DR. BRANDON, FL 33510	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OYENIJI, REMI 8828 BRENNAN CIRCLE #304 TAMPA, FL 33615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Oyeniji, Remi 6205 Oliverdale Dr. River View, FL 33578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Austin, Lennox Sr. 1449 Mohr Lake Dr. Brandon, FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u>Stephenson S. Austin</u> April 2, 08 83690 0990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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