


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # N99000000381 1. Entity Name FREEDOM PLACE MINISTRIES, INC.	
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Principal Place of Business 114 PENELOPE DR LONGWOOD, FL 32750	Mailing Address 114 PENELOPE DR LONGWOOD, FL 32750
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02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3545476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MORSE, DONNA L 114 PENELOPE DR LONGWOOD, FL 32750
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORSE, DONNA L 114 PENELOPE DR LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, CONNIE 3202 WINFIELD ST ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASPER, SHELDON W 5326 AEOLUS WAY ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Donna L. Morse 2/8/07 (407) 332-8326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #