

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90009 033 ****70.00

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1. Entity Name
FREEDOM PLACE MINISTRIES, INC.



Principal Place of Business
**114 PENELOPE DR
LONGWOOD, FL 32750**

Mailing Address
**114 PENELOPE DR
LONGWOOD, FL 32750**



01212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3545476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORSE, DONNA L
114 PENELOPE DR
LONGWOOD, FL 32750**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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 1482 BARN OWL LOOP ORLANDO, FL 32806 SANFORD, FL 32773
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4 - 2008 (407) 332-8826
Date Daytime Phone #