

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000001468**

1. Entity Name

SON-SET FREE MINISTRIES, INC.

Principal Place of Business

2294 N. US1
FT. PIERCE FL 34946

Mailing Address

2294 N. US1
FT. PIERCE FL 34946

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

05-0910852-

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

STEVENS, EULA M
2903 ANDERSON DR.
FT. PIERCE FL 34946Name SILVA A. STEVENSStreet Address (P.O. Box Number is Not Acceptable)
3204 JUANITA AVECity FT. Pierce

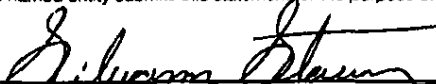
FL

Zip Code

34946

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



SILVA A. STEVENS

10 Sep 00

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

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

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	STEVENS, COLLIE E SR.	
STREET ADDRESS	2294 N. US1	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GAMBLE, CRAY M	
STREET ADDRESS	3003 JUANITA AVE.	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, DEBRA M	
STREET ADDRESS	1732 SW CREMONA ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEVENS, EULA M	
STREET ADDRESS	2903 ANDERSON DR.	
CITY-ST-ZIP	FT. PIERCE FL 34946	
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	MC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Collie E. STEVENS, SR.	
STREET ADDRESS	2294 N. US1	
CITY-ST-ZIP	FT. PIERCE, FL 34946	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVA A. STEVENS	
STREET ADDRESS	3204 JUANITA AVE	
CITY-ST-ZIP	FT. PIERCE, FL	
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		
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:



Collie E. STEVENS, SR 9-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)