

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003354

1. Entity Name

NEW FREEDOM MINISTRIES, INC.

Principal Place of Business

11500 S.W. KANNER HIGHWAY #314
INDIANTOWN FL 34956

Mailing Address

11500 S.W. KANNER HIGHWAY #314
INDIANTOWN FL 34956

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

65-0924254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSBY, JAMES

11500 S.W. KANNER HIGHWAY #314
INDIANTOWN FL 34956

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME CROSBY, JAMES
STREET ADDRESS 11500 S.W. KANNER HIGHWAY #314
CITY-ST-ZIP INDIANTOWN FL 34956 ☐ Delete

TITLE DT
NAME CROSBY, LINDA
STREET ADDRESS 11500 S.W. KANNER HIGHWAY #314
CITY-ST-ZIP INDIANTOWN FL 34956 ☐ Delete

TITLE DBM
NAME FOWLER, MIKE
STREET ADDRESS 11500 S.W. KANNER HWY., #317
CITY-ST-ZIP INDIANTOWN FL 34956 ☒ Delete

TITLE DS
NAME FOWLER, STEPHANIE
STREET ADDRESS 11500 S.W. KANNER HIGHWAY #317
CITY-ST-ZIP INDIANTOWN FL 34956 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS Secretary
NAME Susan Martinez
STREET ADDRESS 11500 S.W. Kanner Hwy # 426
CITY-ST-ZIP Indiantown, Fl. 34956 ☐ Change ☒ Addition

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

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

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

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

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

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:

James Crosby

9-7-01

561-597-7545

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90003 002 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)