

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000007525****1. Entity Name**
SOARING WITH POWER AND FREEDOM MINISTRIES, INC.**Principal Place of Business**
8923 25TH STREET EAST
PARRISH FL 34219
Mailing Address
PO BOX 1063
ELLENTON FL 34222**2. Principal Place of Business**
27396 GOPHER HILL ROAD**3. Mailing Address**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MYAKKA FL**City & State****4. FEI Number**
65-0570718**Applied For**
Not Applicable**Zip**
34251
Country**Zip**
Country**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**POPE ROGER
8923 25TH STREET EASTPARRISH FL
34219**Name**
POPE ROGER
Street Address (P.O. Box Number is Not Acceptable)
27396 GOPHER HILL RD**City**
MYAKKA FL **Zip Code**
34251**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** **ROGER POPE****04/23/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TD	<input type="checkbox"/> Delete
NAME	POPE ROY	
STREET ADDRESS	HC71 BOX 8698	
CITY-ST-ZIP	KINARD FL 32449	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POPE LINDA	
STREET ADDRESS	HC71 BOX 8698	
CITY-ST-ZIP	KINARD FL 32449	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPE LAURA A	
STREET ADDRESS	8923 25TH STREET E	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	P	<input type="checkbox"/> Delete
NAME	POPE ROGER C	
STREET ADDRESS	8923 25TH STREET E	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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)(f), 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:** Roger Pope

P

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)