

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006321

Entity Name: FREEDOM SEMINARY OF THE FIRST COAST, INC.**Current Principal Place of Business:**11927HUFFMAN BLVD.
JACKSONVILLE, FL 32246**Current Mailing Address:**11927HUFFMAN BLVD.
JACKSONVILLE, FL 32246 US**FEI Number:** 05-0623511**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROACH, ROBERT WILLIAM PHD
2225 SW IMPORT DRIVE
PORT SAINT LUCIE , FL 34953 US*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:** ROBERT W. ROACH

02/12/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	ROACH, ROBERT
Address	2225 SW IMPORT DRIVE
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	PRES
Name	BURNSED, JEFF PHD
Address	11927HUFFMAN BLVD. 9719 NIMITZ COURT NORTH
City-State-Zip:	JACKSONVILLE FL 32246

Title	REP
Name	ROACH, ROBERT
Address	2225 SW IMPORT DRIVE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	TREASURER
Name	PAROCHA, TIFFANY
Address	11927HUFFMAN BLVD.
City-State-Zip:	JACKSONVILLE FL 32246

Title	PRES
Name	CROWE, RICHARD RDR.
Address	3342 SW HOSANAH LANE
City-State-Zip:	OKEECHOBEE FL 34974

Title	SECRETARY
Name	BURNSED, JOSEPHINE
Address	11927HUFFMAN BLVD. 9719 NIMITZ COURT NORTH
City-State-Zip:	JACKSONVILLE FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT W. ROACH

VP

02/12/2016

Electronic Signature of Signing Officer/Director Detail

Date