

1.) CORPORATION NAME: **FINANCIAL FREEDOM CHRISTIAN COUNSELING SERVICES, INC.** DUE DATE: **6/30/2015**  
 SCC ID NO: **F1932146**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **NATIONAL REGISTERED AGENTS INC**  
**4701 COX ROAD, SUITE 285**  
**GLEN ALLEN, VA** 5.) STOCK INFORMATION  

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**FL**

6.) PRINCIPAL OFFICE ADDRESS:  
 ADDRESS: 8400 N UNIVERSITY DR  
 SUITE 320  
 CITY/ST/ZIP: TAMARAC, FL 33321

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROLAND LOCKHART		
TITLE: PRESIDENT		
ADDRESS: 8400 N UNIVERSITY DR		
SUITE 320		
CITY/ST/ZIP/CO: TAMARAC, FL 33321		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LUIS NOE		
TITLE: VICE PRESIDENT		
ADDRESS: 9705 HORACE HARDING EXPRESSWAY		
APT 18M		
CITY/ST/ZIP/CO: CORONA, NY 11368		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LISA LOCKHART		
TITLE: SECRETARY		
ADDRESS: 8400 N UNIVERSITY DR		
SUITE 320		
CITY/ST/ZIP/CO: TAMARAC, FL 33321		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CURTIS FLIPPEN		
TITLE: DIRECTOR		
ADDRESS: 8400 N UNIVERSITY DR		
TAMARAC, FL 33321		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JENNIFER MUNSON		
TITLE: DIRECTOR		
ADDRESS: 5337 CEDAR LAKE RD.		
1116		
CITY/ST/ZIP/CO: BOYNTON BEACH, FL 33437		

NAME:	JERZELL QUINCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8400 N UNIVERSITY DR		
CITY/ST/ZIP/CO:	SUITE 320 TAMARAC, FL 33321		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LISA LOCKHART	LISA LOCKHART, SECRETARY	6/30/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.