


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90033 027 \*\*\*\*61.25

**DOCUMENT # 726797**  
 1. Entity Name  
**FREEPORT CHURCH OF CHRIST, INC.**



Principal Place of Business Mailing Address  
 U.S. HWY. 331 SOUTHCHOCTAWHATCHEE U.S. HWY. 331 SOUTH/CHOCTAWHATCHEE  
 IDGE RD/PO BOX 66 IDGE RD/PO BOX 66  
 FREEPORT FL 32439 FREEPORT FL 32439  
 US US

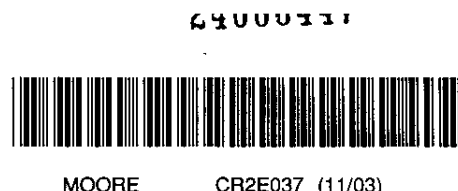
2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1951396** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



**6. Name and Address of Current Registered Agent**  
**CUCHENS, HUBERT E**  
**WEST BAYLOOP RD.**  
**1811 W. BAYLOOP ROAD**  
**FREEPORT FL 32439**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBSON, LARRY R	
STREET ADDRESS	272 BOUNDARY LINE ROAD	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BYRD, JERRY L	
STREET ADDRESS	251 BLUE LAKE RD	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	CUCHENS, HUBERT E	
STREET ADDRESS	1811 W. BAYLOOP ROAD	
CITY-ST-ZIP	FREEPORT FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	853 PHILLIPS DR	
CITY-ST-ZIP	FREEPORT, FL 32439	
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:** *Hubert E Cuchens* **HUBERT E. CUCHENS-VDS** 2/2/04-850-835-2544  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #