


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90023 009 \*\*\*\*61.25

**DOCUMENT # 766671**

1. Entity Name  
**FIRST FREE WILL BAPTIST CHURCH OF PALM BAY, INC.**



Principal Place of Business 7455 PALM BAY, FL 32907 US	Mailing Address 1181 LAMP LIGHTER DR., NW PALM BAY, FL 32907 US
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**50055292**



**DO NOT WRITE IN THIS SPACE**

06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3559593</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, BOBBY**  
**1398 CINDY CIR NE**  
**PALM BAY, FL 32905**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, BOBBY 1398 CINDY CIR PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAPPELL, GARY 2129 TAPPAN ZEE LANE NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FANNIN, LEO 2318 2ND AVE SE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTY, BOBBY 2600 BRANDYWINE LANE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, DOROTHY 2020 HANES RD SE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, BOBBY 1398 CINDY CIRCLE MELBOURNE, FL 32935

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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: *Bob J Thompson* 7-3-05-3246765591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #