

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90003 018 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N03000001958	
1. Entity Name Christian Home Free Will Baptist Church, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19244 NE SR 69 Suite, Apt. #, etc.	3. Mailing Address 19244 NE SR 69 Suite, Apt. #, etc.
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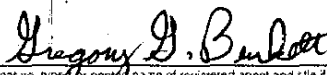
City & State Blountstown, FL	City & State Blountstown, FL
Zip 32424	Zip 32424
Country	Country

4. FEI Number 59-3692140	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Greg Burkett	
Street Address (P.O. Box Number is Not Acceptable) 22641 NE Brady Burkett Rd	
City Blountstown	FL Zip Code 32424

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.

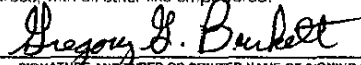
SIGNATURE 	DATE 6-6-04
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FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Burkett, Greg 22641 NE Brady Burkett Rd Blountstown, FL 32424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Dietz, Jim 19044 NE Elijah Morris Rd. Blountstown, FL 32424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Corbin, Chad 19244 NE SR 69 Blountstown, FL 32424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE 6-6-04	DAYTIME PHONE # 850-674-5194
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CR2E037B (12/02)