# 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

DOCUMENT # N03000001958

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

44046433

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 59-3692140 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name: Greg Burkett

Street Address (P.O. Box Number is Not Acceptable):
22641 NE Grady 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: Gregory D. Burkett — 6-6-04
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DIR |
| NAME | Burkett, Greg |
| STREET ADDRESS | 22641 NE Grady Burkett Rd |
| CITY-ST-ZIP | Blountstown, FL 32424 |
| TITLE | DIR |
| NAME | Dietz, Jim |
| STREET ADDRESS | 19044 NE Elijah Morris Rd. |
| CITY-ST-ZIP | Blountstown, FL 32424 |
| TITLE | DIR |
| NAME | Corbin, Chad |
| STREET ADDRESS | 19280 NE SR 69 |
| CITY-ST-ZIP | Blountstown, FL 32424 |
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CR2E037B (12/02)

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: Gregory D. Burkett — 6-6-04 — 850-674-5194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #