

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90100 023 ****61.25

DOCUMENT # N03000001958 1. Entity Name CHRISTIAN HOME FREE WILL BAPTIST CHURCH, INC.					
Principal Place of Business 19244 NE SR 69 BLOUNTSTOWN, FL 32424			Mailing Address 19244 NE SR 69 BLOUNTSTOWN, FL 32424		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3692140	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BURKETT, GREG 22841 NE GRADY BURKETT RD BLOUNTSTOWN, FL 32424				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BURKETT, GREG 22841 NE GRADY BURKETT RD. BLOUNTSTOWN, FL 32424	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DIETZ, JIM 19044 NE ELIJAH MORRIS RD. BLOUNTSTOWN, FL 32424	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CORBIN, CHAD 19280 NE SR 69 BLOUNTSTOWN, FL 32424	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Clemmons, Eddie 23660 NE Dr. NW Eldridge Rd. Blountstown, FL 32424	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Clemmons, Eddie 23660 NE Dr. NW Eldridge Rd. Blountstown, FL 32424	☐ Change ☐ Addition			
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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)(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 817, 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: <i>Rev. Chad Andrew Corbin</i> Rev. Chad Andrew Corbin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4-10-05 Daytime Phone #					