

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90283 003 ****61.25

DOCUMENT # N44133

1. Entity Name
FREERPORT ASSEMBLY OF GOD, INCORPORATED



Principal Place of Business Mailing Address
P. O. BOX 670 P. O. BOX 670
U.S. HIGHWAY 331 SOUTH U.S. HIGHWAY 331 SOUTH
FREERPORT FL 32439 FREERPORT FL 32439

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



MOORE CR2E037 (11/03)

4. FEI Number **59-2007867** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MILES, HARRY C
17457 US HWY 331 SO
FREERPORT FL 32439

7. Name and Address of New Registered Agent
Name **Michael E. Bowden**
Street Address (P.O. Box Number is Not Acceptable)
17457 US Hwy 331 S.
P.O. Box 670
City **Freeport** FL Zip Code **32439**

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)

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 NAME HARMON, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 52 BETH LN	
CITY-ST-ZIP SANTA ROSA BEACH FL 32459	
TITLE NAME TUTTLE, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 62 E EDGEWATER DR	
CITY-ST-ZIP FREERPORT FL 32439	
TITLE NAME NILSEN, VIRGINIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS P. O. BOX 1062 N/A	
CITY-ST-ZIP FREERPORT FL 32439	
TITLE NAME MILLER, BEVERLY	<input type="checkbox"/> Delete
STREET ADDRESS 7794 HIGHWAY 81 SOUTH	
CITY-ST-ZIP RED BAY FL 32455	
TITLE NAME MILES, HARRY C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4811 PEANUT ROAD	
CITY-ST-ZIP GRACEVILLE FL 32440	
TITLE NAME GRIFFITH, GERRY	<input type="checkbox"/> Delete
STREET ADDRESS 171 WALTON BRIDGE RD	
CITY-ST-ZIP PONCE DE LEON FL 32455	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Pastor Michael E. Bowden	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2661 Hwy 83A East	
CITY-ST-ZIP Freeport, FL 32439	
TITLE NAME Dwayne Davis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 196 Sparkleberry Lane	
CITY-ST-ZIP Freeport FL 32439	
TITLE NAME Donald Blizzard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS Hwy 30A East	
CITY-ST-ZIP Freeport FL 32439	
TITLE NAME John Lowe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 32 Oaklawn Square	
CITY-ST-ZIP DeFuniak Springs FL 32439	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Michael E. Bowden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04
Date

850-230-4504
Daytime Phone #