

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90209 005 ****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 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
BOWDEN, MICHEAL E
17457 US HWY 331 S
P.O. BOX 670
FREERPORT FL 32439

7. Name and Address of New Registered Agent
 Name **Hurtis Manning**
 Street Address (P.O. Box Number is Not Acceptable)
17457 US Hwy 331 S.
PO Box 670 (mailing)
 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 **Hurtis L. Manning** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOWDEN, MICHAEL E	
STREET ADDRESS	2661 HWY 83A E	
CITY-ST-ZIP	FREERPORT FL 32439	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, DWAYNE	
STREET ADDRESS	196 SPARKLEBERRY LANE	
CITY-ST-ZIP	FREERPORT FL 32439	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLIZZARD, DONALD	
STREET ADDRESS	HWY 30 A E	
CITY-ST-ZIP	FREERPORT FL 32439	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, BEVERLY	
STREET ADDRESS	7794 HIGHWAY 81 SOUTH	
CITY-ST-ZIP	RED BAY FL 32455	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOWE, JOHN	
STREET ADDRESS	32 OAKLAWN SQ.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32439	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITH, GERRY	
STREET ADDRESS	171 WALTON BRIDGE RD	
CITY-ST-ZIP	PONCE DE LEON FL 32455	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PASTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hurtis Manning (Buddy)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darlene Ward	
STREET ADDRESS	1130 Old JOHN BAY Rd	
CITY-ST-ZIP	Freeport FL 32439	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Hurtis L. Manning*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #