



FILED
Feb 27, 2006 8:00 am
Secretary of State

01-18-2006 90026 047 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N44133					
1. Entity Name FREERPORT ASSEMBLY OF GOD, INCORPORATED					
Principal Place of Business P. O. BOX 670 U.S. HIGHWAY 331 SOUTH FREERPORT, FL 32439		Freeport Assembly of God 17457 US Hwy 331 S Freeport, FL 32439		<p><i>HICKREUS CHANGE</i></p> <p>66002655</p> 	
2. Principal Place of Business		Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102008 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-2007867	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANNING, HURTIS 17457 US HWY 331 S P.O. BOX 670 FREERPORT, FL 32439			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MANNING, HURTIS		NAME	<i>Cindy Manning</i>	
STREET ADDRESS	2661 HWY 83A E		STREET ADDRESS	<i>3815 HWY 1163 W</i>	
CITY-ST-ZIP	FREERPORT, FL 32439		CITY-ST-ZIP	<i>De Funiak Springs FL 32433</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, DARLENE		NAME		
STREET ADDRESS	1130 OLD JOLLY BAY RD		STREET ADDRESS		
CITY-ST-ZIP	FREERPORT, FL 32439		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLIZZARD, DONALD		NAME		
STREET ADDRESS	HWY 30 A E		STREET ADDRESS		
CITY-ST-ZIP	FREERPORT, FL 32439		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, BEVERLY		NAME		
STREET ADDRESS	7794 HIGHWAY 81 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	RED BAY, FL 32455		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFITH, GERRY		NAME		
STREET ADDRESS	171 WALTON BRIDGE RD		STREET ADDRESS		
CITY-ST-ZIP	PONCE DE LEON, FL 32455		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Hurt Manning</i>			Date: <i>1-18-06</i> 850-835-2078		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		