

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 700932**

1. Entity Name  
**FREE PENTECOSTAL ASSOCIATION, INC.**



Principal Place of Business  
**% REV. STEVEN R. HILL, SR.  
6072 MICHELLE ROAD  
MACCLENNY, FL 32063**

Mailing Address  
**% REV. STEVEN R. HILL, SR.  
6072 MICHELLE ROAD  
MACCLENNY, FL 32063**



04192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7023611**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**HILL, REV. STEVEN R., SR.  
6072 MICHELLE ROAD  
MACCLENNY, FL 32063**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000324689  
04/22/05-80103-009 61.25**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HILL, REV. STEVEN R., SR  
6072 MICHELLE ROAD  
MACCLENNY, FL 320635518**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
WALLIN, MINNIE LEE  
354 SW WALLIN GLEN  
LAKE CITY, FL 32024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HILL, MARILYN  
6072 MICHELLE ROAD  
MACCLENNY, FL 320635518**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
LANIA, JOSEPH  
2561 E SARATOGA DR  
COOPER CITY, FL 33026**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALLIN, BILL  
354 SW WALLIN GLEN  
LAKE CITY, FL 32024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

**JOSEPH S. LANIA, SecT** **04/19/2005 (954) 432-2299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #