


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 700932</b>	
1. Entity Name FREE PENTECOSTAL ASSOCIATION, INC.	

Principal Place of Business % REV. STEVEN R. HILL, SR. 6072 MICHELLE ROAD MACCLENNEY, FL 32063	Mailing Address % REV. STEVEN R. HILL, SR. 6072 MICHELLE ROAD MACCLENNEY, FL 32063
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**DO NOT WRITE IN THIS SPACE**



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 23-7023611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, REV. STEVEN R., SR 6072 MICHELLE ROAD MACCLENNEY, 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 MACCLENNEY, 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	

U00000538140  
05/09/06-80046-002 61.25

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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 an other like empowered.

SIGNATURE:  JOSEPH S LANIA 04/27/2006 (954) 432-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #