

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
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**



04252007 No Chg-NP CR2E037 (4/06)

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 reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HILL, REV. STEVEN R., SR
STREET ADDRESS	6072 MICHELLE ROAD
CITY - ST - ZIP	MACCLENNY, FL 320635518
TITLE	TD
NAME	WALLIN, MINNIE LEE
STREET ADDRESS	354 SW WALLIN GLEN
CITY - ST - ZIP	LAKE CITY, FL 32024
TITLE	D
NAME	HILL, MARILYN
STREET ADDRESS	6072 MICHELLE ROAD
CITY - ST - ZIP	MACCLENNY, FL 320635518
TITLE	SD
NAME	LANIA, JOSEPH
STREET ADDRESS	2561 E SARATOGA DR
CITY - ST - ZIP	COOPER CITY, FL 33026
TITLE	D
NAME	WALLIN, BILL
STREET ADDRESS	354 SW WALLIN GLEN
CITY - ST - ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/17/07-80024-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH S. LANIA 04/26/07 (954) 432-2299