

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PH 1:22

DOCUMENT # **704854** (9)

1. Corporation Name

IMMANUEL FREE WILL BAPTIST CHURCH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~625 NORWOOD AVENUE~~ JACKSONVILLE FL 32208
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/27/1962	3a. Date of Last Report 03/17/1994
4. FEI Number 70-4854260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6505 NORWOOD AVENUE Suite, Apt. #, etc.	2a. Mailing Address 6505 NORWOOD AVE. Suite, Apt. #, etc.
22 City & State JACKSONVILLE, FL. 32208	27 City & State JACKSONVILLE, FL.
23 Zip 32208	29 Zip 32208
25 Country	30 Country

9. Name and Address of Current Registered Agent

ARMES, JERRYS
RT.1, BOX 350 OAK AVENUE
MACCLENNY FL 32063

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POSTON, GEORGE PROXIMA STREET JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOBLES, TAYLOR 7884 CAXTON CIR W JACKSONVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAISON, ELMER 1821 ECTOR ST JACKSONVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CUTLER, LEROY 10581 VILANOVA RD JACKSONVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ARMES, JERRY OAK AVE MACCLENNY, FL 0
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEVILLE, LEWIS C. 3528 HARBISON ST JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	S. D. BERGER, NICK 2111 BUNTING DR. JACKSONVILLE, FL. 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry C. Armes **JERRY C. ARMES** H-28-95 **904-791-2885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name Expires 1/1/98)