

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90019 008 \*\*\*\*61.25

**DOCUMENT # 704854**

1. Entity Name

**IMMANUEL FREE WILL BAPTIST CHURCH, INC.**



Principal Place of Business

**6505 NORWOOD AVE.  
JAX FL 32208  
US**

Mailing Address

**6505 NORWOOD AVE  
JAX FL 32208  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**70-4854260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMES, JERRY  
4652 OAK ST.  
MACCLENNY FL 32063**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete  
NAME **NOBLES, TAYLOR**  
STREET ADDRESS **7024 BERNAY AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☐ Delete  
NAME **MIKE AKERS**  
STREET ADDRESS **5449 AMAZON AVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **P** ☐ Delete  
NAME **CUTLER, LEROY**  
STREET ADDRESS **10561 VILANOVA RD**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **TD** ☐ Delete  
NAME **ARMES, JERRY**  
STREET ADDRESS **4652 OAK ST.**  
CITY-ST-ZIP **MACCLENNY FL 32063**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Jerry Armes* **JERRY ARMES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-04 904 2594333**

Date

Daytime Phone #