2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 704854

1. Entity Name
IMMANUEL FREE WILL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
6505 NORWOOD AVE. JAX, FL 32208 US	6505 NORWOOD AVE JAX, FL 32208 US

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01212006 No Chg-NP CR2E037 (11/05)

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

ARMES, JERRY
4652 OAK ST.
MACCLENNY, FL 32063

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

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	SD
NAME	NOBLES, TAYLOR
STREET ADDRESS	7024 BERNAY AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	MIKE AKERS
STREET ADDRESS	5449 AMAZON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000.
TITLE	P
NAME	CUTLER, LEROY
STREET ADDRESS	10561 VILANOVA RD
CITY-ST-ZIP	JACKSONVILLE, FL 00000.
TITLE	TD
NAME	ARMES, JERRY
STREET ADDRESS	4652 OAK ST.
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000401432
02/02/06-80044-009 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 all other like empowered.

SIGNATURE: JERRY ARMES Jerry Armes 1-21-06 904 757 0913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #