

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **706183** (1)

1. Corporation Name

FIRST FREE WILL BAPTIST CHURCH, INC., WINTER HAVEN, FLORIDA



Principal Place of Business

Mailing Address

INTER HAVEN, FLORIDA
710-27TH STREET N.W.
WINTER HAVEN FL 33881-2900

INTER HAVEN, FLORIDA
710-27TH STREET N.W.
WINTER HAVEN FL 33881-2900

3. Date Incorporated or Qualified
09/23/1963

3a. Date of Last Report
02/15/1995

2. Principal Place of Business
21 **3062 Ave G NW**

2a. Mailing Address
26 **2248 Palmetto Circle-W**

4. FEI Number
59-6132687

Applied For
Not Applicable

Suite, Apt. #, etc.

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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 **Winter Haven, FL**

28 **Auburndale, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33881** 25 **Polk**

29 **33823** 30 **Polk**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS A. COLLINS
~~202 SECURITY SQUARE~~ **2248 Palmetto Circle-W**
~~WINTER HAVEN FL 33881~~ **Auburndale, FL 33823**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROOKS, RANDOLPH W.	
STREET ADDRESS	1603 PEARCE ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOUPEE, JOHN	
STREET ADDRESS	133 BINGHAM	
CITY-ST-ZIP	EAGLE LAKE FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	COLLINS, THOMAS A	
STREET ADDRESS	2248 PALMVIEW CIR	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JORDAN, LARRY	
STREET ADDRESS	1202 ARIANA BLVD.	
CITY-ST-ZIP	AUBURDALE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas A. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-96 **941-962-8135**
Date Daytime Phone #

CR2E037 (12/95)