FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:05

DOCUMENT # **708063** **(3)**

1. Corporation Name

FIRST FREE WILL BAPTIST CHURCH OF NICEVILLE, INC

Principal Place of Business	Mailing Address
211 REDWOOD ST NICEVILLE FL 32578	211 REDWOOD ST NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/05/1964**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2383935** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24:

Country — 25:

Zip — 29:

Country — 30:

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

ISAAC,NEVA B.
201 REDWOOD AVENUE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: ISAAC, CHARLES

82 Street Address (P.O. Box Number is Not Acceptable): 201 REDWOOD AVE.,

83:

84 City: NICEVILLE FL 85 Zip Code: 32578

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: X Charles Isaac CHARLES ISAAC

(Print or Type Name of Person Signing) (NOTE: Registered Agent's signature required where applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	11 TITLE: S D	☐ Change	X Addition
12 NAME	ISAAC, CHARLES	12 NAME: LUDWIG, GLORIA		
13 STREET ADDRESS	P O BOX 419, HIGHLAND	13 STREET ADDRESS: 1616 18th. STREET,		
14 CITY ST ZIP	DEFUNIAK SPRINGS FL	14 CITY ST ZIP: NICEVILLE, FL. 32578		
21 TITLE	TD	21 TITLE:	☐ Change	☐ Addition
22 NAME	PEARSON, ELIZABETH	22 NAME:		
23 STREET ADDRESS	201 REDWOOD AVENUE	23 STREET ADDRESS:		
24 CITY ST ZIP	NICEVILLE FL	24 CITY ST ZIP:		
31 TITLE		31 TITLE:	☐ Change	☐ Addition
32 NAME		32 NAME:		
33 STREET ADDRESS		33 STREET ADDRESS:		
34 CITY ST ZIP		34 CITY ST ZIP:		
41 TITLE		41 TITLE:	☐ Change	☐ Addition
42 NAME		42 NAME:		
43 STREET ADDRESS		43 STREET ADDRESS:		
44 CITY ST ZIP		44 CITY ST ZIP:		
51 TITLE		51 TITLE:	☐ Change	☐ Addition
52 NAME		52 NAME:		
53 STREET ADDRESS		53 STREET ADDRESS:		
54 CITY ST ZIP		54 CITY ST ZIP:		
61 TITLE		61 TITLE:	☐ Change	☐ Addition
62 NAME		62 NAME:		
63 STREET ADDRESS		63 STREET ADDRESS:	**REMITTED BY MAY 1**	
64 CITY ST ZIP		64 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)(i), 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, added or deleted.

SIGNATURE: E Pearson ELIZABETH PEARSON 4/23/95 (904)678-6471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072485