FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

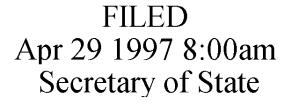
DOCUMENT #

(3)

FIRST FREE WILL BAPTIST CHURCH OF NICEVILLE, INC

Principal Place of Business

Mailing Address





NICEVILLE FL 3			NICEVILLE FL 32578-2822									
							3.	Date Incorpora 11/05/19	ited or Qualified 964	3a. D	Date of Last R 04/24/19	
2. Principal Place of Business			2a. Mailing Address 26			4.	FEI Number 59-2383	935			pplied For of Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5.	Certificate of S	tatus Desired		\$8.75	Additional equired	
City & State			City & State			6.	Flection Campa			4	May Be to Fees	
Zip 24	21	Country	Zip 29	30	ountry		8.	This corporatio	n has liability for	intangible		. 199.032,
1		<u> </u>	nt Registered Agent	1001			10.		dress of New Re		_	•
201 RED	CHARLES WOOD AVE LE FL 32578				81 82 83	Name Street A	Address (P	IELD AR O. Box Numbe	r is Not Acceptab	ole)		
					84	City	NICE	VILTE		FL	85 Zip	Code 2578
office or re agent. I ar	egistered ager m lamiliar with	nt, or both, in the Stat , and accept the oblid	02 and 617.1508, Florida Stee of Florida. Such change wigations of Section 617.0503	as author.	zed by tatutes	the corp :	corporatio oration's b	n submits this st	tatement for the pres. I hereby accept page 17.	ot the app	of changing it	ts registered registered
	Signature, typed or	printed pains of registered ag	per and title if applicable [NOTE Rogis:	ered Age	nt signature r	required when	reinstating)			•	
12.		OFFICERS AT	ND DIRECTORS	1				ADDITIONS/CHA	ANGES TO OFFIC	DERS AN		
TITLE	D	IIABI EA	X DELETE		TITLE		D	marara a	DMAID T		X Change	Addition
NAME	ISAAC, CI				NAME				RNOLD J	•		
STREET ADDRESS		419, HIGHLAND K SPRINGS FL				ADDRESS		OAK AV		- 70		1
CITY-ST-ZIP TITLE	TD TD	n opningo fl	DELETE		CITY-S	I - ZIP	NIC	EVI LILE,	FL. 32	2/8	Change	Addition
NAME		i, elizabeth	L Decen		NAME						□ Change	L., Hoomon
STREET ADDRESS		VOOD AVENUE		2.3 STREET ADDRESS							i	
CITY-ST-ZIP	NICEVILLI			2.4 CITY-ST-ZIP								
TITLE	SD	<u> </u>	DELETE		TITLE	11-21	• • • • • • • • • • • • • • • • • • • •				Change	Addition
NAME	LUDWIG,	GI ORIA	_	32 NAME							_	
STREET ADDRESS	1616 187		3.3 STREET ADDRESS									
CITY-ST-ZIP	NICEVILLI			3.4. CITY - ST - ZIP		ST-ZIP						
TITLE			☐ DELETE		TITLE	1					Change	Addition
NAME				4.	2 NAME							
STREET ADDRESS				4.3	STREET	ADDRESS						
CITY-ST-ZIP				4.4	CITY-S	1 - ZIP						
TITLE			☐ DELETE	51	TITLE						Change	Addition
NAME				52	NAME	-						
STREET ADDRESS				5.3	STREET	ADDRESS						
CITY-ST-ZIP					CITY-S	T-ZIP						
TITLE			☐ DELETÉ	6.1	TITLE	[Change	Addition
NAME				6.2	NAME							
STREET ADDRESS				6.3	STREET	ADDRESS						
CITY-ST-ZIP				6.4	CITY-S	1-7IP						

14. I do 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 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 13.1-0 language, or on an attachment with an address.