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Apr 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 708063 (3)
1. Corporation Name
FIRST FREE WILL BAPTIST CHURCH OF NICEVILLE, INC



Principal Place of Business Mailing Address
211 REDWOOD ST 211 REDWOOD ST
NICEVILLE FL 32578 NICEVILLE FL 32578-2822

3. Date Incorporated or Qualified 11/05/1964 3a. Date of Last Report 04/24/1996

| | | | |
|---|--|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 4. FEI Number 59-2383935 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAAC, CHARLES
201 REDWOOD AVE
NICEVILLE FL 32578

81 Name HATFIELD ARNOLD J.
82 Street Address (P.O. Box Number is Not Acceptable) 517 OAK AVENUE
83
84 City NICEVILLE FL 85 Zip Code 32578

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 *Arnold J. Hatfield* ARNOLD J. HATFIELD/DIRECTOR 4/20/97
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 D | ISAAC, CHARLES <input checked="" type="checkbox"/> DELETE | 1.1 TITLE D | HATFIELD ARNOLD J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ISAAC, CHARLES | 1.2 NAME | HATFIELD ARNOLD J. |
| STREET ADDRESS | P O BOX 419, HIGHLAND | 1.3 STREET ADDRESS | 517 OAK AVENUE |
| CITY-ST-ZIP | DEFUNIAK SPRINGS FL | 1.4 CITY-ST-ZIP | NICEVILLE, FL. 32578 |
| TITLE TD | PEARSON, ELIZABETH <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | PEARSON, ELIZABETH | 2.2 NAME | |
| STREET ADDRESS | 201 REDWOOD AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NICEVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE SD | LUDWIG, GLORIA <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | LUDWIG, GLORIA | 3.2 NAME | |
| STREET ADDRESS | 1616 18TH ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NICEVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 if changed, or on an attachment with an address.

CR2E037 (9/96)