


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90010 044 ****70.00

DOCUMENT # 708285

1. Entity Name
JESUS CHRIST THE TRUE FREE WILL HOLINESS CHURCH, INC.



Principal Place of Business
**333 NAVY BLVD.
 WARRINGTON, FL 32507**

Mailing Address
**333 NAVY BLVD.
 WARRINGTON, FL 32507**

54054711

2. Principal Place of Business
333 Navy Blvd
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4505
 Suite, Apt. #, etc.

City & State
Pensacola FL

City & State
Pensacola, FL

Zip
32507 Country
Escambia

Zip
32507 Country
Escambia



05042004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE 83-0356584

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JACKSON, MARIE
 333 NAVY BLVD.
 WARRINGTON, FL 32507**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	JACKSON, PRENECKER	
STREET ADDRESS	109 LAKEWOOD ROAD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	JACKSON, MARIE	
STREET ADDRESS	109 LAKEWOOD ROAD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	STT	<input type="checkbox"/> Delete
NAME	ELLIOT, ROSE	
STREET ADDRESS	6276 1/2 FERGUSON DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	T	<input type="checkbox"/> Delete
NAME	JAMES, ALBERTA M	
STREET ADDRESS	229 E. BARKER ST.	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	T	<input type="checkbox"/> Delete
NAME	REESE, LILLIE	
STREET ADDRESS	1556 MACKLIN PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BULTER, PAUL	
STREET ADDRESS	204 LAKEWOOD RD.	
CITY-ST-ZIP	PENSACOLA, FL 32507	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	
STREET ADDRESS	Balter, Paul, R2	
CITY-ST-ZIP	204 Lakewood Rd Pensacola, FL 32507	

12. I 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 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: Marie Jackson **05-17-04 850-457-0696**

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