

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

3. Mailing Address
P.O. Box 4505

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**

Name

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

City **FL** Zip Code

7. Name and Address of New Registered Agent

Name

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

City

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 |
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| 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 | |

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 #