


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90068 011 \*\*\*\*70.00

<b>DOCUMENT # 708285</b>				
1. Entity Name <b>JESUS CHRIST THE TRUE FREE WILL HOLINESS CHURCH, INC.</b>				
Principal Place of Business 333 NAVY BLVD PENSACOLA FL 32507		Mailing Address P.O. BOX 4505 PENSACOLA FL 32507 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>83-0356584</b> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent  <b>JACKSON, MARIE 109 LAKEWOOD RD WARRINGTON FL 32507</b>				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
7. Name and Address of New Registered Agent		Name		
Street Address (P.O. Box Number is Not Acceptable)		City		
State		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				

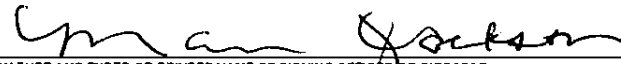


1st MOORE CR2E037 (10/06)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, PRENECKER		NAME		
STREET ADDRESS	109 LAKEWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MARIE		NAME		
STREET ADDRESS	109 LAKEWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		CITY-ST-ZIP		
TITLE	STT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOT, ROSE		NAME		
STREET ADDRESS	6276 1/2 FERGUSON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, ALBERTA M		NAME	Geraldine Smith	
STREET ADDRESS	229 E. BARKER ST.		STREET ADDRESS	7333 Pine Forest Rd Lot 168	
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP	Pensacola FL 32526	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, LILLIE		NAME		
STREET ADDRESS	1556 MACKLIN PLACE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32534		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NORMAN G		NAME		
STREET ADDRESS	7333 PINE FOREST RD, LOT 168		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **04-12-07** <sup>853-</sup> **457-069**