

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 708285**

1. Entity Name

**JESUS CHRIST THE TRUE FREE WILL HOLINESS  
CHURCH, INC.**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

**83-0356584**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, MARIE  
109 LAKEWOOD RD  
WARRINGTON FL 32507**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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 ☐ Delete  
NAME **PT**  
STREET ADDRESS **JACKSON, PRENECKER**  
CITY-ST-ZIP **109 LAKEWOOD ROAD  
PENSACOLA FL 32507**

TITLE ☐ Delete  
NAME **VPT**  
STREET ADDRESS **JACKSON, MARIE**  
CITY-ST-ZIP **109 LAKEWOOD ROAD  
PENSACOLA FL 32507**

TITLE ☐ Delete  
NAME **STT**  
STREET ADDRESS **ELLIOT, ROSE**  
CITY-ST-ZIP **6276 1/2 FERGUSON DRIVE  
PENSACOLA FL 32503**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **SMITH, GERALDINE**  
CITY-ST-ZIP **7833 PINE FOREST RD LOT 168  
PENSACOLA FL 32526**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **REESE, LILLIE**  
CITY-ST-ZIP **1556 MACKLIN PLACE  
PENSACOLA FL 32534**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **SMITH, NORMAN G**  
CITY-ST-ZIP **7333 PINE FOREST RD, LOT 168  
PENSACOLA FL 32526**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Marie Jackson*

*04-10-08*