

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

DOCUMENT # 721269

1. Entity Name

FREEWILL HOLINESS CHURCH, INC.



FILED
Apr 27, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

RT 4 BOX 699
P.O. BOX 1245
DOVER FL 33527-9245

RT 4 BOX 699
P.O. BOX 1245
DOVER FL 33527-9245



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

59-2878861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGREN, JOHNNIE L
2617 S MCINTOSH RD
DOVER FL 33527

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LANGREN, JOHNNIE LOU
STREET ADDRESS RT 1 BOX 853
CITY-STATE-ZIP DOVER FL

TITLE ☐ Change ☐ Addition
NAME U000000738926
STREET ADDRESS 05/14/07-80005-004 61.25
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME KEMP, JOHN L
STREET ADDRESS RT 1 BOX 853
CITY-STATE-ZIP DOVER FL

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

TITLE S ☐ Delete
NAME LANGREN, JAMES
STREET ADDRESS RT 1 BOX 853
CITY-STATE-ZIP DOVER FL

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

TITLE D ☐ Delete
NAME LANGREN, JAMES
STREET ADDRESS RT 1 BOX 853
CITY-STATE-ZIP DOVER FL

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: *James Langren* JAMES LANGREN

4-24-07

813 653-1326