2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 721269

Entity Name: FREEWILL HOLINESS CHURCH, INC.

Current Principal Place of Business:

RT 4 BOX 699
P.O. BOX 1245
DORVER, FL 335279245

New Principal Place of Business:

RT 4 BOX 699
DOVER, FL 335279245

Current Mailing Address:

RT 4 BOX 699
P.O. BOX 1245
DORVER, FL 335279245

New Mailing Address:

RT 4 BOX 699
P.O. BOX 1245
DOVER, FL 335279245

FEI Number: 59-2878861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGREN,JOHNNIE L
2617 S MCINTOSH RD
DOVER, FL 33527 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LANGREN,JOHNNIE LOU,
Address: RT 1 BOX 853
City-St-Zip: DOVER, FL

Title: D ( ) Delete
Name: KEMP,JOHN L,
Address: RT 1 BOX 853
City-St-Zip: DOVER, FL

Title: S ( ) Delete
Name: LANGREN, JAMES,
Address: RT 1 BOX 853
City-St-Zip: DOVER, FL

Title: D ( ) Delete
Name: LANGREN, JAMES,
Address: RT 1 BOX 853
City-St-Zip: DOVER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LANGREN,JOHNNIE LOU,
Address: RT 1 BOX 853
City-St-Zip: DOVER, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNIE LANDGREN PD 01/21/2009

Electronic Signature of Signing Officer or Director — Date