2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736474

FILED Jul 03, 2006 Secretary of State

Entity Name: FREEWILL HOLINESS CHURCH OF DAYTONA BEACH, INC.

Current Principal Place of Business:		New Principal Place of Business:
360 CHAR DAYTONA	LES ST. BEACH, FL 32114	
Current M	ailing Address:	New Mailing Address:
360 CHAR DAYTONA	S. S.T. EACH, FL 32114 ing Address: New Mailing Address: S. S.T. EACH, FL 32114 2905969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Indicess of Current Registered Agent: NAME and Address of New Registered Agent: NNIE LUE REET EACH, FL 32117 US med entity submits this statement for the purpose of changing its registered office or registered agent, or both, Florida. Electronic Signature of Registered Agent ND DIRECTORS: () Delete ND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Name: Address: Address: Address: City-St-Zip: () Delete OSERS, JANNIE LUE, 332 STH STREET Address: Address: City-St-Zip: () Delete Name: Address: Address: Address: City-St-Zip: () Delete Name: Address: Addre	
In accordan	ce with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.
1632 5TH 3 DAYTONA The above	BEACH, FL 32117 US	
SIGNATUF		D.b.
	-	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	S () Delete KING, JOSEPHINE, 527 LOOM IS AVENUE DAYTONA BEACH, FL 32114	Name: Address:
Title: Name: Address: City-St-Zip:	PD () Delete ROGERS, JANNIE LUE, 1632 5TH STREET DAYTONA BEACH, FL 32117	Name: Address:
Title: Name: Address: City-St-Zip:	D () Delete GRANT, DAVID, 1632 5TH STREET DAYTONA BEACH, FL 32117	\
Title: Name: Address: City-St-Zip:	D () Delete TILLMAN, ALLIE MAE, 717 MAGNOLIA AVE. DAYTONA BEACH, FL 32114	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete TILLMAN, LEVESTER 620 BERKSHIRE ROAD DAYTONA BEACH, FL 32114	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. JANNIE L. ROGERS, PASTOR PAST 07/03/2006