2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 28, 2008 8:00 am Secretary of State

DOCUMENT # 739423 1. Entity Name INDEPENDENT FREE METHODIST CHURCH, INC.								08-28-2008 90002 001 ****61.25					
Principal Plac 1309 E GRAI MT DORA, FL	NT AVE	us US	PO B	Address OX 213 ORA, FL 32757	US			f 1 93 111 1 38 1	I r 1911 0 (11 111 111 1	F a 1497a (151	Oloh Oloh Bi	il	EKITI EL KITI
· ·		ness - No P.O. Box #	P.0	, -	13								
Suite, Apt.	#, etc.		Suit	te, Apt. #, etc.				08182008	Chg-NP	•	CR2E0	37 (12/06)	
City & State	e			State Doka a	Flo	Rida)	4. FEI Numb 59-238					pplied For ot Applicable
Zip		Country	32°	157	Cou	ŠÁ		5. Certificate	of Status D	esired		\$8.75 Ad Fee Require	
	6. Name	and Address of Curre	ent Registere	d Agent	Ĭ			7. Name and	Address o	f New R	egistered	Agent	
DENNIS, L						Name Street Ad	LEA Idress (F		NNIS er is Not Ac	ceptable))		
7810 AUBURY CT ORLANDO, FL 32835						Street Address (P.O-Box Number is Not Acceptable) 7810 AN BURY CT							
						City DR	Jan	do			FL	Zip Coo	835
		ty submits this statemer stered agent.	nt for the purpo	ose of changing its	registere	ed office or	register	ed agent, or bo	th, in the St	ate of Flo	rida. I am	femiliar with	, and accept
the obligations of registered agent. SIGNATURE Signature, typed or profited name of registered agent and title if applicable. (NoTe: Registered Agent signature required when reinstating) DATE													
													1
i. i. lyr. Di	_	ee is \$61.25 ptember 12, 2008		9. Election Can Trust Fund C			<u> </u>	\$5.00 May B Added to Fees				k payable timent of S	
D)	ue by Se									Flor	ida Depai	tment of S	State
ά.	D ASHLEY,	OFFICERS AND CALVIN A. 577 N/A			11. TITLE NAME STREET	ion.		Added to Fees		Flor	ida Depai	tment of S	State
TITLE NAME STREET ADDRESS	D ASHLEY, P.O. BOX DELAND, P TAYLOR, 4931 NW	OFFICERS AND CALVIN A. 577 N/A		Trust Fund C	11. TITLE NAME STREE CATY- TITLE NAME STREE NAME STREE	E ET ADDRESS -ST-ZIP		Added to Fees		Flor	ida Depai	tment of S	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS	D ASHLEY, P.O. BOX DELAND, P TAYLOR, 4931 NW OCALA, F VDVP REED, C 1511 JEF	OFFICERS AND OFFICERS AND CALVIN A. C577 N/A FL LUCIOUS SEND PL FL 34482		Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	E E ET ADDRESS - ST-ZIP E T ADDRESS - ST-ZIP E T ADDRESS - ST-ZIP	Natl 633	Added to Fees ADDITIONS/CH	James	Flor OFFICE	ida Depai	TIMENT OF S RECTORS II Change Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, P.O. BOX DELAND, P TAYLOR, 4931 NW OCALA, F VDVP REED, C 1511 JEF MOUNT I SD DULIAS, 1829 JEF	OFFICERS AND OFFICERS AND CALVIN A. C577 N/A FL LUCIOUS SEND PL FL 34482 J FERSON DR		Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	E E ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP E T ADDRESS - ST-ZIP E T ADDRESS - ST-ZIP	Nath C33 AH	Added to Fees	James vood prings iffanu	OFFICE OFFICE CT	ida Depai	TIMENT OF S RECTORS II Change Change	N 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D ASHLEY, P.O. BOX DELAND, P TAYLOR, 4931 NW OCALA, F WOUNT I SD DULIAS, 1829 JEF MOUNT I TD JONES, F POB 544	OFFICERS AND OFFICERS AND CALVIN A. C577 N/A FL LUCIOUS SEND PL FL 34482 J FFERSON DR DORA, FL 32757 TIFFANY FFERSON DR DORA, FL 32757		Trust Fund C	TITLE NAME STREE CITY- TITLE NAME STREE	E E ET ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP	Nath C33 AH	naviel avoites	James vood prings iffanu	OFFICE OFFICE CT	ida Depai	TIMENT OF S RECTORS II Change Change	N 10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D ASHLEY, P.O. BOX DELAND, P TAYLOR, 4931 NW OCALA, F WOUNT I SD DULIAS, 1829 JEF MOUNT I TD JONES, F POB 544	OFFICERS AND OFFICERS AND CALVIN A. C577 N/A FL LUCIOUS SEND PL FL 34482 J FFERSON DR DORA, FL 32757 TIFFANY FFERSON DR DORA, FL 32757 PEARLIE		Trust Fund C	TITLE NAME STREE CITY-	E E ET ADDRESS -ST-ZIP E V P E T ADDRESS -ST-ZIP E T ADDRESS	Nath C33 AH	naviel - Letoni avonte: Uas, Ti 9 Jeffent Pora by Fluid S. Hig	James vood prings iffanu	OFFICE OFFICE CT	ida Depai	Change Change	N 10 Addition Addition Addition

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:

	· ·		\sim
$I = \bigcup_{i \in I} I_i$	-)e	LEROU	. WENN IS
SIGNATURE AND TYPED OF P			

401-295-5034