

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

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # 771092

1. Entity Name
FIRST FREE WILL BAPTIST CHURCH OF AUBURDALE, FLORIDA, INC.



Principal Place of Business Mailing Address

114 E DERBY AVE 114 E DERBY AVE
 AUBURDALE FL 33823 AUBURDALE FL 33823
 US 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)

6. Name and Address of Current Registered Agent

HUTTO, JAMES
106 MASSASOIT ST.
AUBURDALE FL 33823

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature typed or printed name of registered agent, if not to be applicable. (NOTE: Registered Agent signature required when re-registering)

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	P <input type="checkbox"/> Delete
NAME	HUTTO, JAMES
STREET ADDRESS	106 MASSASOIT STREET
CITY- ST- ZIP	AUBURDALE FL 33823
TITLE	D <input type="checkbox"/> Delete
NAME	WOOD, JAMES
STREET ADDRESS	309 ADAMS ROAD
CITY- ST- ZIP	AUBURDALE FL 33823
TITLE	DC <input type="checkbox"/> Delete
NAME	ADELMAYER, JEAN
STREET ADDRESS	311 ORANGE STREET
CITY- ST- ZIP	AUBURDALE FL 33823
TITLE	DT <input type="checkbox"/> Delete
NAME	CULLIFER, VIVIAN
STREET ADDRESS	497 ARNESON AVE.
CITY- ST- ZIP	AUBURDALE FL 33823
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James E. Hutto* **JAMES Hutto** *2/22/08* **863-967-3055**