


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

03 SEP -5 PM 4:46  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # 771092

1. Entity Name  
FIRST FREE Will Baptist Church  
 of Auburndale, Florida Inc.



**DO NOT WRITE IN THIS SPACE**

**55051956**

2. Principal Place of Business  
114 E Derby Av  
 Suite, Apt. #, etc.

3. Mailing Address  
114 E Derby Av  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Auburndale FL

City & State  
Auburndale FL

Zip  
33823 Country US

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4. FEI Number  
59-2514301

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JAMES HULLO

Street Address (P.O. Box Number is Not Acceptable)  
106 MASSASOIT ST

City Auburndale FL Zip Code 33823

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 and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FEES IS \$61.25  
 Initial or Amended UBR

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 <u>D</u> NAME <u>James Hullo</u> STREET ADDRESS <u>106 MASSASOIT ST</u> CITY-ST-ZIP <u>AUBURNDALE FL 33823</u>	TITLE <u>D</u> NAME <u>JAMES WOOD</u> STREET ADDRESS <u>309 Adams Rd -</u> CITY-ST-ZIP <u>Auburndale FL 33823</u>	TITLE <u>D</u> NAME <u>CELEK</u> STREET ADDRESS <u>311 Orange St</u> CITY-ST-ZIP <u>Auburndale, FL 33823</u>	TITLE <u>D</u> NAME <u>TRASHUM</u> STREET ADDRESS <u>Vivian Callisor</u> CITY-ST-ZIP <u>497 ARNOLD AV</u> <u>Auburndale, FL 33823</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: James Hullo 6/25/03 967-3055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #