

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 3: 56

DOCUMENT # NO1888 (9)

1. Corporation Name

**FIRST FREEWILL BAPTIST CHURCH OF GAINESVILLE, IN
C.**

Principal Place of Business

Mailing Address

**202 SECURITY SQUARE
P.O. BOX 2239
WINTER HAVEN FL 33882**

**202 SECURITY SQUARE
P.O. BOX 2239
WINTER HAVEN FL 33882**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/12/1984** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2435920** Applied For ☐
Not Applicable ☒

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
22. City & State	27. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
23. Zip	28. Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No
24. Country	29. Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, THOMAS A.
202 SECURITY SQUARE
WINTER HAVEN FL 33880**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MONTGOMERY, LARRY W. 8530 STIRLING ROAD HOLLYWOOD FL	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DST COLINS, THOMAS A. 202 SECURITY SQUARE WINTER HAVEN FL 33880	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD OWEN, TIM 5410 NORTH HIGHWAY 89 BRATT FL	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D DAVID WILLIFORD 609 S. BLVD WEST CHIPLEY FL	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D ALLEN, BOB P.O. BOX 23 N/A SCOTTSMOOR FL	5.1 TITLE	☒ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas A. Collins* *Thomas A. Collins* 3-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR