

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90220 002 \*\*\*\*61.25

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DOCUMENT # N01888

1. Corporation Name

FIRST FREEWILL BAPTIST CHURCH OF GAINESVILLE, IN  
C.

Principal Place of Business

2248 PALMVIEW CIRCLE WEST  
AUBURNDALE FL 33823  
US

Mailing Address

2248 PALMVIEW CIRCLE WEST  
AUBURNDALE FL 33823  
US

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/12/1984

4. FEI Number

59-2435920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

COLLINS, THOMAS A.  
2248 PALMVIEW CIRCLE WEST  
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD  
NAME WILLIFORD, DAVID  
STREET ADDRESS 609 SOUTH BLVD WEST  
CITY-ST-ZIP CHIPLEY FL

TITLE DST  
NAME COLINS, THOMAS A.  
STREET ADDRESS 2248 PALMVIEW CIR WEST  
CITY-ST-ZIP AUBURNDALE FL

TITLE DVP  
NAME CHRISTIAN, JIM  
STREET ADDRESS 1502 CAMBRIDGE DRIVE  
CITY-ST-ZIP COCOA FL

TITLE D  
NAME FLANNRAN, KEVIN  
STREET ADDRESS 5410 HWY 99  
CITY-ST-ZIP BRATT FL

TITLE D  
NAME HUSSEY, DONNIE  
STREET ADDRESS 4504 MAGNOLIA ROAD  
CITY-ST-ZIP MARIANNA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 this 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, with all other like empowered.

SIGNATURE: Thomas A. Collins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)