

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

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90031 030 \*\*\*\*70.00

DOCUMENT # *N 0200002938*

1. Entity Name

Progressive Freewill Holiness Church  
of God, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

140 East 10th Street  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4292  
Suite, Apt. #, etc.

City & State

Apopka, Florida

City & State

Enterprise, FL

4. FEI Number

73-1663245

Applied For

Not Applicable

Zip

Country

32703

U.S.A.

Zip

Country

32725

U.S.A.

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

James McFarley

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

1925 Aspenridge Ct.

City

Ocoee

FL

Zip Code

34761

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 James McFarley-Bishop and Pastor

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

(NOTE: Registered Agent signature required when reinstating)

*Bishop James Mc Farley* 4-8-2004

**FEE 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Bishop and Pastor  
James McFarley  
1925 Aspenridge Ct.  
Ocoee, FL 34761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Presiding Elder  
Leroy Adams  
4375 Prince Hall Blvd.  
Orlando, FL 32811

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Assistant Pastor  
Clondike Abbott  
166 Bethune Circle  
Sanford, FL 32747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Secretary  
Yuuana Abbott  
166 Bethune Circle  
Sanford, FL 32747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Treasurer  
Delores W. Stafford  
596 North Bridge Drive  
Sanford, FL 32714

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**

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 McFarley *Bishop James Mc Farley* 4-8-04 (407) 884-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)