


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

06-07-2005 90216 001 \*\*\*\*61.25  
06-07-2005 90216 002 \*\*\*\*\*8.75

DOCUMENT # N02000002938			
1. Entity Name THE PROGRESSIVE FREEWILL HOLINESS CHURCH OF GOD, INC.			
Principal Place of Business 40 E. 10TH ST APOPKA FL 32703		Mailing Address PO BOX 4292 ENTERPRISE FL 32725	
2. Principal Place of Business 40 E. 10th St Suite, Apt. #, etc.		3. Mailing Address Enterprise, FL PO BOX 4292 32725 Suite, Apt. #, etc.	
City & State Apopka, Florida		City & State Enterprise, FLORIDA	
Zip Country		Zip Country	
32725		32725	
6. Name and Address of Current Registered Agent MCFARLEY, JAMES 1925 ASPENRIDGE CT. OCOE FL 34761		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: <i>Rev. James McFarley</i> (NOTE: Registered Agent signature required when reinstating) DATE: 5/31/05			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP MCFARLEY, JAMES 1925 ASPENRIDGE CT. OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE ADAMS, LEROY 4375 PRINCE HALL BLVD. ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP ABBOTT, CLONDIKE 166 EBTHUNE CIRCLE SANFORD FL 32747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABBOTT, YUJANA 166 EBTHUNE CIRCLE SANFORD FL 32747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STAFFORD, DELORES W 596 NORTH BRIDGE DR. ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Rev. James McFarley</i>		James McFarley - 5/31/05 (321) 689-2322	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E037 (10/04)