

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90032 009 ****70.00

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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

P.O. Box 4292

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

APOPKA, FL.

City & State

Enterprise, FL.

4. FEI Number

73-1663245

Applied For

Not Applicable

Zip

32703

Country

Orange

Zip

32725

Country

Orange

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 ☐ Delete
NAME **BP**
STREET ADDRESS **McFARLEY, JAMES**
CITY-ST-ZIP **1925 ASPENRIDGE CT.
OCOE FL 34761**

TITLE ☐ Delete
NAME **PE**
STREET ADDRESS **ADAMS, LEROY**
CITY-ST-ZIP **4375 PRINCE HALL BLVD.
ORLANDO FL 32811**

TITLE ☐ Delete
NAME **AP**
STREET ADDRESS **ABBOTT, CLONDIKE**
CITY-ST-ZIP **166 EBTHUNE CIRCLE
SANFORD FL 32747**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ABBOTT, YUANA**
CITY-ST-ZIP **166 EBTHUNE CIRCLE
SANFORD FL 32747**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **STAFFORD, DELORES W**
CITY-ST-ZIP **596 NORTH BRIDGE DR.
ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

James McFarley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06 321-689-2630

Date

Daytime Phone #