

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 08:00
Secretary of State

DOCUMENT # N02000002938

1. Entity Name

**THE PROGRESSIVE FREEWILL HOLINESS CHURCH OF
GOD, INC.**



Principal Place of Business

Mailing Address

**40 E. 10TH ST
APOPKA FL 32703**

**PO BOX 4292
ENTERPRISE FL 32725**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

73-1663245

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**McFARLEY, JAMES
1925 ASPENRIDGE CT.
OCOE FL 34761**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**BP
McFARLEY, JAMES
1925 ASPENRIDGE CT.
OCOE FL 34761**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

**U00000764874
05/31/07-80016-001 61.25**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PE
ADAMS, LEROY
4375 PRINCE HALL BLVD.
ORLANDO FL 32811**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

**U00000764874
05/31/07-80016-002 8.75**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**AF
ABBOTT, CLONDIKE
166 EBTHUNE CIRCLE
SANFORD FL 32747**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

**U00000764874
05/31/07-80016-003 5.00**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**S
ABBOTT, YUANA
166 EBTHUNE CIRCLE
SANFORD FL 32747**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**T
STAFFORD, DELORES W
596 NORTH BRIDGE DR.
ALTAMONTE SPRINGS FL 32714**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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 James McFarley 4/14/07 707)427-3542