

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008273	
1. Entity Name TRUEVINE FREEWILL BAPTIST CHURCH, INC.	

Principal Place of Business 855 GEORGE W. ENGRAM BLVD. DAYTONA BEACH, FL 32114	Mailing Address 855 GEORGE W. ENGRAM BLVD. DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE



03272003 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2300311	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

JACKSON, TIMOTHY L BISHOP
855 WEST GEORGE INGRAM BLVD.
DAYTONA BEACH, FL 32114

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IN THIS SPACE**

6. 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** _____

Filing Fee is \$61.25
Due by September 5, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACKSON, T.L.
STREET ADDRESS	752 DERBYSHIRE
CITY - ST - ZIP	DAYTONA BEACH, FL 32114
TITLE	D
NAME	BOLDEN, WILLIAM
STREET ADDRESS	729 ELLEN ST.
CITY - ST - ZIP	DAYTONA BEACH, FL 32114
TITLE	D
NAME	PRYOR, LINDA
STREET ADDRESS	1304 PREACHTREE RD.
CITY - ST - ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/24/04-80001-009 61.25

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bishop Timothy L. Jackson **Bishop Timothy** 8-15-04 (386) 253-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JACKSON