

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008418

FILED
May 01, 2004
Secretary of State

Entity Name: TRUE FREE WILL HOLINESS CHURCH INC.

Current Principal Place of Business:

301 NAVY BLVD.
PENSACOLA, FL 32507 US

New Principal Place of Business:

Current Mailing Address:

400 OAK KNOLL LN
PENSACOLA, FL 32506 US

New Mailing Address:

FEI Number: 20-0260998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURDOCK-BROWN, EVELYN V PASTOR
400 OAK KNOLL LN
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MURDOCK-BROWN, EVELYN V PASTOR
Address: 400 OAK KNOLL LN
City-St-Zip: PENSACOLA, FL 32506 US

Title: DM () Delete
Name: MCINTYRE, JAMES T MINISTE
Address: 400 BRIGADIER ST
City-St-Zip: PENSACOLA, FL 32507 US

Title: DE () Delete
Name: JOHNSON, DAISY H ELDER
Address: 203 LEYTE DR.
City-St-Zip: PENSACOLA, FL 32507 US

Title: DE () Delete
Name: PHILLIPS, IDA M ELDER
Address: 528 PAULA AVE.
City-St-Zip: PENSACOLA, FL 32507 US

Title: DE () Delete
Name: MOORER, CLADY ELDER
Address: 400 OAK KNOLL LN
City-St-Zip: PENSACOLA, FL 32506 US

Title: DD () Delete
Name: BROWN, HERBERT L DEACON
Address: 400 OAK KNOLL LN
City-St-Zip: PENSACOLA, FL 32506 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOORER, JOBIE BISHOP

DB

05/01/2004

Electronic Signature of Signing Officer or Director

Date

MOORER, JOBIE (BISHOP)
1609 W. JACKSON ST.
PENSACOLA, FL. 32501