


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

04-26-2007 90237 018 \*61.25  
N04000005970

DOCUMENT # N04000005970  
 1. Entity Name Free Will holiness church inc



**FILED**

07 MAY 14 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 916 Oakley St.  
 Suite, Apt. #, etc.

3. Mailing Address 6784 Gack Harner Dr.  
 Suite, Apt. #, etc.

40084883

CR2E037B (8/05)

City & State Jacksonville Fla Zip 32206 Country

City & State Jacksonville Fla Zip 32210 Country

4. FEI Number 56-2495667 Applied For   
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name Betty G. Hall  
 Street Address (P.O. Box Number is Not Acceptable) 6784 Gack Harner Dr.  
 City Jacksonville Fla. FL Zip Code 32210

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25**  
Initial or Amended AR

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres Erwin D. Standberry 6784 Gack Harner Dr. Jacksonville Fla 32210</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V. Pres Therese Mc Daniel 2285 W. 16th St Jacksonville Fla 32209</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec Betty G. Hall 6784 Gack Harner Dr. Jacksonville Fla 32210</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Decon Shannon R. Standberry 1563 W. 14th St Jacksonville Fla 32209</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Paster Joseph Demery 1207 Florida Ave Jacksonville Fla 32206</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Betty G. Hall Registered Agent 4-15-2007 3789799  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #