


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90244 046 ****61.25

DOCUMENT # N05000012794					
1. Entity Name UNITED FREEWILL CHURCH, INC.					
Principal Place of Business 2739 DREWERY LANE JAY, FL 32565			Mailing Address 2739 DREWERY LANE JAY, FL 32565		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIAMS, MARY 2739 DREWERY LANE JAY, FL 32565				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMELLON, PAUL		NAME	Hall, Jerry	
STREET ADDRESS	2351 DUNSFORD RD.		STREET ADDRESS	2361 Camotrs Rd.	
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP	Jay, FL 32565	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President, Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN, DON		NAME	Dean, Don	
STREET ADDRESS	3399 FARISH RD.		STREET ADDRESS	3399 Farish Road	
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP	Jay, FL 32565	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, ROBERT		NAME		
STREET ADDRESS	2920 BUD DIAMOND RD.		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice-President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGDALANY, ANDY		NAME	Magdalany, Andy	
STREET ADDRESS	5885 CENTRAL SCHOOL RD.		STREET ADDRESS	5885 Central School Road	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Milton, FL 32570	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Dian Howell	
STREET ADDRESS			STREET ADDRESS	2920 Bud Diamond Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Jay, FL 32565	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Mary Francis Williams	
STREET ADDRESS			STREET ADDRESS	2739 Drewery Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Jay, FL 32565	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____			Date		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					