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.								05-01-2008	90244 (J46 *****6.	1.25
2739 DREWERY LANE 2739			Mailing Address 2739 DREWERY LANE JAY, FL 32565	2739 DREWERY LANE					**!	NEW CERTS FEIL STREET	
2. Principal Pl	ace of Busin	ess - No P.O. Box#	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01252008	Chg-NP	CR2E	37 (12/06)	
City & State			City & State	City & State			4.· FEI Numb 76-081			⊢	plied For t Applicable
Zip	Zip Country		Zíp	Zip Cou			5. Certificate	of Status Desired		\$8.75 Add	itional
6. Name and Address of Current Registered Agent							7. Name and	d Address of New	Registered	Agent	
1401111440	144 DV				Name						
WILLIAMS, MARY 2739 DREWERY LANE JAY, FL 32565					Street A	ddress (f	P.O. Box Numb	er is Not Acceptab	le)		
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					City				FI		•
	named entity ions of regist		or the purpose of changing i	ts registere	ed office or	register	ed agent, or bo	oth, in the State of F	Torida. I an	n familiar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable. (NO	OTE: Registered	d Agent signati	ure required	when reinstating)		DATE		
/ Filling Fee is \$61.25 9. Election Campaign Financing Due by May 1, 2008 Trust Fund Contribution.											
(\$5.00 May I			ck payable to	
		/lay 1, 2008	Trust Fund	Contributi			Added to Fees	Flo	orida Depa	irtment of St	ate
10.			Trust Fund		ion.		Added to Fees		orida Depa	irtment of St	ate 10
	Due by N	/lay 1, 2008	Trust Fund	Contributi	ion.	Dive Hall	Added to Fees	HANGES TO OFFIC	orida Depa	DIRECTORS IN	ate
10.	Due by N D MCMELLO	Aay 1, 2008 OFFICERS AND DI	Trust Fund	11. TITLE NAME STREE	ET ADDRESS	Dive Hall	Added to Fees	HANGES TO OFFIC	orida Depa	DIRECTORS IN	ate 10
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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an onlief of director of the corporation or the receiver or trustee, and powered 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 approximation, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #