

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09011** (0)

1. Corporation Name

FIRST FREEWILL BAPTIST HOLDING CO.



Principal Place of Business

**11605 E. U.S. HWY. 92
SEFFNER FL 33584**

Mailing Address

**11605 E. U.S. HWY. 92
SEFFNER FL 33584**

3. Date Incorporated or Qualified
04/30/1985

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

27 City & State

28 Zip

30 Country

4. FEI Number
59-2250306

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNCAN, RONALD
3103 N. FRITZKE RD.
DOVER FL 33527**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD DUNCAN, RONALD**
STREET ADDRESS **3103 N. FRITZKE RD.**
CITY-ST-ZIP **DOVER FL**

TITLE ☐ DELETE
NAME **VD CORDELL, JOHN JR.**
STREET ADDRESS **10720 MAGNOLIA ST.**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE ☐ DELETE
NAME **VPD CARLTON, DENNIS**
STREET ADDRESS **7414 COMMERCE ST.**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE ☐ DELETE
NAME **SD RICE, WALTER F.**
STREET ADDRESS **6010 FALKENBURG RD.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **TD RICHARDSON, JAMES D.**
STREET ADDRESS **4217 TRUMAN DR.**
CITY-ST-ZIP **SEFFNER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

Date

(813) 986-6630

Daytime Phone #

CR2E037 (12/95)