

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90075 030 \*\*\*\*70.00

**DOCUMENT # N09011**

1. Entity Name  
**FIRST FREE WILL BAPTIST CHURCH, INC.**



Principal Place of Business  
11605 E. U.S. HWY. 92  
SEFFNER, FL 33584

Mailing Address  
11605 E. U.S. HWY. 92  
SEFFNER, FL 33584

**94028771**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2250306**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

TITLE VD ☐ Delete  
NAME **LARKIN, ROBERT**  
STREET ADDRESS **1112 RIFLECREST AVE**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE VD ☐ Delete  
NAME **CARLTON, DENNIS**  
STREET ADDRESS **7414 COMMERCE ST.**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE SD ☒ Delete  
NAME **RICE, WALTER F.**  
STREET ADDRESS **11515 US 92 E**  
CITY-ST-ZIP **SEFFNER, FL 33584**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Robert Larkin**  
STREET ADDRESS **1112 Riflecrest AV.**  
CITY-ST-ZIP **Valrico, FL 33594**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/07/04**

Date

**(813) 626-5383**

Daytime Phone #