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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N09848 (5)

1. Corporation Name

THE FIRST FREE WILL BAPTIST CHURCH OF HAINES CIT
Y, INC.



Principal Place of Business

Mailing Address

502 N. 30TH ST.
HAINES CITY FL 33845
US

502 N. 30TH ST.
HAINES CITY FL 33844-9125
US

3. Date Incorporated or Qualified
06/19/1985

3a. Date of Last Report
06/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLE, GARNETTA
210 DYSON RD.
HAINES CITY FL 33844

81 Name Margaret williams

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

83

84 City auburndale, FL 85 Zip Code 33823

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 Margaret Williams

1-6-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILLIAMS, BASIL
STREET ADDRESS 301 N 23RD ST.
CITY-ST-ZIP HAINES CITY FL
☒ DELETE

1.1 TITLE PZ MD
1.2 NAME Farrell Brady Williams, Sr.
1.3 STREET ADDRESS 215 McKean Street
1.4 CITY-ST-ZIP Auburndale, Florida 33823
☒ Change ☐ Addition

TITLE VD
NAME HUGGINS, JACK
STREET ADDRESS P.O. BOX 270 N/A
CITY-ST-ZIP INTERCESSION CITY FL 33848
☒ DELETE

2.1 TITLE Tr/S
2.2 NAME Steve Davis
2.3 STREET ADDRESS 44 Joel Massey Road
2.4 CITY-ST-ZIP Haines City, Florida 33844
☒ Change ☐ Addition

TITLE T
NAME HUGGINS, DORIS
STREET ADDRESS 5870 SO BT.
CITY-ST-ZIP INTERCESSION CITY FL 33848
☒ DELETE

3.1 TITLE T/T
3.2 NAME Judy Johnson
3.3 STREET ADDRESS 455 Lark Court
3.4 CITY-ST-ZIP Poincana, Florida 34579
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)