

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 03, 2004  
Secretary of State**

DOCUMENT# N09848

Entity Name: THE FIRST FREE WILL BAPTIST CHURCH OF HAINES CITY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2834649      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MELVIN, DORIS  
95 EAST HAMPTON DR  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PMD ( ) Delete  
Name: PILKINGTON, CHESTER  
Address: 709 WOOD LANE  
City-St-Zip: KISSIMMEE, FL 34759

Title: TD ( ) Delete  
Name: PILKINGTON, ALLIE  
Address: 709 WOOD LANE  
City-St-Zip: KISSIMMEE, FL 34759

Title: ES ( ) Delete  
Name: MELVIN, DORIS  
Address: 95 EAST HAMPTON DRIVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: VD ( ) Delete  
Name: ELDRIDGE, ARNOLD  
Address: 24 UNCLE BETE RD  
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Delete  
Name: ROBERTS, JANIE  
Address: 647 ELLISON PKWY  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: GARRETT, RECHARD  
Address: 506 N 30TH ST  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHESTER PILKINTON

PMD

07/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date