2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
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 33844 US

New Principal Place of Business:

Current Mailing Address:

502 N. 30TH ST.
HAINES CITY, FL 33844 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:	PILKINTON, CHESTER	
Address:	709 WOOD LANE	
City-St-Zip:	KISSIMMEE, FL 34759	
Title:	TD	( ) Delete
Name:	PILKINTON, 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:	GARRETT, RICHARD	
Address:	506 N 30TH ST	
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:	( ) 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 Chapter 119, 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 02/28/2006

Electronic Signature of Signing Officer or Director — Date