


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N09848	
1. Entity Name THE FIRST FREE WILL BAPTIST CHURCH OF HAINES CITY, INC.	

Principal Place of Business 502 N. 30TH ST. HAINES CITY, FL 33844 US	Mailing Address 502 N. 30TH ST. HAINES CITY, FL 33844 US
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DO NOT WRITE IN THIS SPACE



05122008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-2834649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MELVIN, DORIS
95 EAST HAMPTON DR
AUBURNDAL, FL 33823**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PMD	PILKINTON, CHESTER
NAME	
STREET ADDRESS	709 WOOD LANE
CITY-ST-ZIP	KISSIMMEE, FL 34759
TITLE TD	PILKINTON, ALLIE
NAME	
STREET ADDRESS	709 WOOD LANE
CITY-ST-ZIP	KISSIMMEE, FL 34759
TITLE ES	MELVIN, DORIS
NAME	
STREET ADDRESS	95 EAST HAMPTON DRIVE
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE VD	GARRETT, RICHARD
NAME	
STREET ADDRESS	506 N 30TH ST
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000951192
06/04/08-80022-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Chester Pilkinton* **PP 12 May 2008** **407-467-9166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #