


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N10223</b>	
<b>1. Entity Name</b> FIRST FREEWILL BAPTIST CHURCH OF HIGHLAND CITY, INC.	

<b>Principal Place of Business</b> 5546 4TH STREET S.E. P. O. BOX 308 HIGHLAND CITY FL 33846	<b>Mailing Address</b> 5546 4TH STREET S.E. P. O. BOX 308 HIGHLAND CITY FL 33846
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

<b>6. Name and Address of Current Registered Agent</b>  BARTRAM, JACKIE CHARLES 5506 SOUTHGROVE DR LAKELAND FL 33813
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<b>4. FEI Number</b> 59-2642304	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PCD	<input type="checkbox"/> Delete	<b>TITLE</b> UD0000447963	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BARTRAM, JACKIE CHARLES		<b>NAME</b>	
<b>STREET ADDRESS</b> 5506 SOUTHGROVE DR		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> LAKELAND FL		<b>CITY-ST-ZIP</b> 03/08/06-80077-024 61.25	
<b>TITLE</b> VD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> PERRY, LARRY		<b>NAME</b>	
<b>STREET ADDRESS</b> 4131 CEDAR AVE S.E.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> HIGHLAND CITY FL		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> TATE, VERNON S		<b>NAME</b>	
<b>STREET ADDRESS</b> 3613 DALE ST		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> LAKELAND FL		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.**

*JACKIE CHARLES BARTRAM*

*Jackie C Bartram*