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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N16893** **(2)**

1. Corporation Name

SAINT JOHN FREEWILL PRIMITIVE BAPTIST CHURCH, IN CORPORATED, OF LAKE PANASOFFKEE, FLORIDA

Principal Place of Business	Mailing Address
P. O. BOX 215. PERKINS ST. COLEMAN FL 33521	P. O. BOX 215. PERKINS ST. COLEMAN FL 33521-0215

3. Date Incorporated or Qualified: **09/19/1986**
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3169956** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DUPREE, WILLIE
PERKIN STREET
COLEMAN FL 33521

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	DUPREE, WILLIE		1.2 NAME	Willie Dupree	
STREET ADDRESS	BOX 215 PERKINS		1.3 STREET ADDRESS	2815 Perkins St.	
CITY-ST-ZIP	COLEMAN FL		1.4 CITY-ST-ZIP	Coleman, Fl. 33521	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	DUPREE, HAZEL		2.2 NAME	Hazel Dupree	
STREET ADDRESS	BOX 215 PERKINS		2.3 STREET ADDRESS	2825 Perkins St.	
CITY-ST-ZIP	COLEMAN FL		2.4 CITY-ST-ZIP	Coleman, Fl. 33521	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	HARRIS, LUNETTE		3.2 NAME	Lunette Harris	
STREET ADDRESS	WARM SPRING AVE. G. DEL.		3.3 STREET ADDRESS	Warm Springs Ave.	
CITY-ST-ZIP	COLEMAN FL		3.4 CITY-ST-ZIP	Coleman, Fl. 33521	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 attached sheet, with an address.

SIGNATURE: Willie Dupree **REQUIRED** 4-15-97 352-748-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046744