

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90339 042 ****61.25

DOCUMENT # N16893

1. Entity Name

**SAINT JOHN FREEWILL PRIMITIVE BAPTIST CHURCH,
INCORPORATED, OF LAKE PANASOFFKEE, FLORIDA**



Principal Place of Business

P. O. BOX 215, PERKINS ST.
COLEMAN FL 33521

Mailing Address

P. O. BOX 215, PERKINS ST.
COLEMAN FL 33521



2. Principal Place of Business - No P.O. Box #

26-CR 482 N
L.K. Panasoffkee

3. Mailing Address

P.O. Box 215
Suite, Apt. #, etc.

City & State

FL 33538

City & State

Coleman, FL

Zip

Country

Sumter

Zip

33521

Country

Sumter

4. FEI Number

59-3169956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

DUPREE, WILLIE
PERKIN STREET
COLEMAN FL 33521

7. Name and Address of New Registered Agent

Name Hazel Dupree

Street Address (P.O. Box Number is Not Acceptable)

2825 Perkins St.

City Coleman, FL

FL

Zip Code

33521

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

Hazel Dupree - Hazel Dupree

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-08

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME DUPREE, WILLIE
STREET ADDRESS 2825 PERKINS ST
CITY-ST-ZIP COLEMAN FL ☒ Delete

TITLE D
NAME DUPREE, HAZEL
STREET ADDRESS 2825 PERKINS ST
CITY-ST-ZIP COLEMAN FL ☐ Delete

TITLE D
NAME HARRIS, LUNETTE
STREET ADDRESS WARM SPRING AVE
CITY-ST-ZIP COLEMAN FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Pernelma Austin
NAME
STREET ADDRESS 401 Jackson St.
CITY-ST-ZIP Wildwood, FL 34785 ☐ Change ☒ Addition

TITLE Linda Green
NAME
STREET ADDRESS 3918 Pine Ave.
CITY-ST-ZIP Coleman, FL 33521 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Hazel Dupree - Hazel Dupree

4-11-08

352.748.2606